DLN: 93493015008100 OMB No 1545-0047 Return of Organization Exempt From Income Tax 2018 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 09-01-2018 , and ending 08-31-2019 C Name of organization VETERANS OF FOREIGN WARS OF THE D Employer identification number B Check if applicable ☐ Address change UNITED STATES 44-0474290 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminate E Telephone number ☐ Amended return Number and street (or P O box if mail is not delivered to street address) Room/suite ☐ Application pending (816) 756-3390 City or town, state or province, country, and ZIP or foreign postal code KANSAS CITY, MO $\,$ 64111 $\,$ G Gross receipts \$ 177,302,435 Name and address of principal officer H(a) Is this a group return for **DEBRA ANDERSON** □Yes ☑No subordinates? 406 W 34TH ST H(b) Are all subordinates KANSAS CITY, MO 64111 ☐ Yes ☐No included? Tax-exempt status 501(c)(3) $\overline{}$ 501(c) (19) ◀ (insert no) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW VFW ORG L Year of formation 1899 M State of legal domicile K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities ASSISTING VETERANS, MILITARY PERSONNEL AND THEIR FAMILIES, ADVOCACY FOR VETERANS AND ACTIVE DUTY PERSONNEL, HISTORICAL EDUCATION AND COMMEMORATION, PROMOTING PATRIOTISM, YOUTH ACTIVITIES AND COMMUNITY SERVICE Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 4 57 Number of independent voting members of the governing body (Part VI, line 1b) 5 242 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 3,000 Total number of volunteers (estimate if necessary) . . . 3,379,452 7a Total unrelated business revenue from Part VIII, column (C), line 12 . 7a b Net unrelated business taxable income from Form 990-T, line 34 7b -122.793 **Prior Year Current Year** 74,785,527 71,492,165 8 Contributions and grants (Part VIII, line 1h) . . 9 Program service revenue (Part VIII, line 2g) . . 15,227,262 12,773,239 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 7,814,960 6,899,110 6,207,036 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 4,523,053 102,350,802 97,371,550 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3). 11,826,753 11,214,324 14 Benefits paid to or for members (Part IX, column (A), line 4) . Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16,968,233 17,410,761 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . 1,681,936 1,256,642 b Total fundraising expenses (Part IX, column (D), line 25) ▶29,700,292 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 68,784,336 63,363,294 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 99,261,258 93,245,021 19 Revenue less expenses Subtract line 18 from line 12 . 3,089,544 4,126,529 Net Assets or Fund Balances **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) . 291,763,327 249,534,580 150,501,458 21 Total liabilities (Part X, line 26) . 187,722,161 22 Net assets or fund balances Subtract line 21 from line 20 . 99,033,122 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2020-01-02 Signature of officer Sign Here DEBRA ANDERSON QUARTERMASTER GENERAL Type or print name and title Print/Type preparer's name Preparer's signature Date Check | If 2020-01-02 P00943320 Paid self-employed Firm's name PRAGER METIS CPAS LLC Firm's EIN ▶ 06-1667465 Preparer Use Only Firm's address ▶ 1360 BEVERLY ROAD SUITE 300 Phone no (703) 821-0702 MCLEAN, VA 22101 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018) Cat No 11282Y

| Form | 990 (2018) | | | | | Page 2 | | | | | |
|----------------------|--|---|---|---|---|--|--|--|--|--|--|
| Pa | Statement | of Program Servi | ce Accomplis | hments | | | | | | | |
| | Check If Sched | dule O contains a resp | onse or note to | any line in this Part III | | 🗹 | | | | | |
| 1 | Briefly describe the o | rganızatıon's mıssıon | | | | | | | | | |
| STRE TO A FIDE | NGTHEN COMRADESHI SSIST THEIR WIDOWS | IP AMONG MEMBERS, AND ORPHANS, TO N TION AND LAWS, TO | TO ASSIST WOF MAINTAIN TRUE A FOSTER TRUE P | RTHY VETERANS, TO P ALLEGIANCE TO THE G ATRIOTISM, TO MAINT | AND EDUCATIONAL SERVICES, TO ERPETUATE THE MEMORY AND HIS OVERNMENT OF THE UNITED STAT AIN AND EXTEND THE INSTITUTION EMIES, WHOMSOEVER | TORY OF OUR DEAD, AND 'ES OF AMERICA, AND | | | | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? | | | | | | | | | | |
| | If "Yes," describe these new services on Schedule O | | | | | | | | | | |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program | | | | | | | | | | |
| | services? | | | | | | | | | | |
| 4 | Describe the organiza | ition's program servic d 501(c)(4) organizati | e accomplishmer ons are required | to report the amount | largest program services, as meas of grants and allocations to others, | | | | | | |
| 4a | (Code See Additional Data |) (Expenses \$ | 26,990,862 | including grants of \$ | 10,023,907) (Revenue \$ |) | | | | | |
| 4b | (Code See Additional Data |) (Expenses \$ | 16,036,154 | including grants of \$ | 631,237) (Revenue \$ |) | | | | | |
| 4c | (Code See Additional Data |) (Expenses \$ | 13,676,458 | including grants of \$ | 559,180) (Revenue \$ |) | | | | | |
| 4d | Other program service | ` | , | | | | | | | | |
| | (Expenses \$ | ınc | luding grants of | \$ |) (Revenue \$ |) | | | | | |
| 4e | Total program serv | ice expenses 🟲 | 56,703,4 | 74 | | | | | | | |

Form 990 (2018) Page 3 Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Nο 1 2 Yes Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 😼 . . . Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates No 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? 5 No Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? No 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Nο 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 💆 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets? No 8 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation Nο 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 Nο permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 👺 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? Yes 11a Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total Yes 11b assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🕏 Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its Nο 11c total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 🕏 d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported Nο 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏

11e Yes Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f Yes the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🕏 12a Nο b Was the organization included in consolidated, independent audited financial statements for the tax year? 12b Yes If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏 Is the organization a school described in section 170(b)(1)(A)(u)? If "Yes," complete Schedule E

13 Nο 14a Νo business, investment, and program service activities outside the United States, or aggregate foreign investments 14b Yes valued at \$100,000 or more? *If "Yes," complete Schedule F, Parts I and IV* Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any Yes 15 foreign organization? If "Yes," complete Schedule F, Parts II and IV 💆 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to Nο 16 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, Yes 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) 🔧 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 18 No Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 Nο

12a Did the organization obtain separate, independent audited financial statements for the tax year? 14a Did the organization maintain an office, employees, or agents outside of the United States? **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, 20a No b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic Yes 21

Form 990 (2018)

| Form | 990 (2018) | | | Page 4 |
|------|---|-----|-----|--------|
| Pai | Checklist of Required Schedules (continued) | | | |
| | | | Yes | No |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | 23 | Yes | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a | 24a | | No |
| Ь | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II | 26 | | No |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | No |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| а | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28a | | No |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | No |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | No |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | No |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | 30 | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . | 31 | | No |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | No |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I | 33 | | No |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | Yes | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | Yes | |
| Ь | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | Yes | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 36 | | |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | No |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. | | V | |

 \mathbf{c} Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

1a

1b

Yes

Form **990** (2018)

734

0

No

| 36 | 5 | Section 501(c)(3) organizations. Did the organ |
|----|---|--|
| | b | If 'Yes' to line 35a, did the organization receive any within the meaning of section 512(b)(13)? If "Yes," |
| 35 | ā | Did the organization have a controlled entity within |

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e

7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during 8

9a

9h

14a

14b

15

No

No

Form **990** (2018)

9a Did the sponsoring organization make any taxable distributions under section 4966? . . .

a Initiation fees and capital contributions included on Part VIII, line 12 . . .

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

Section 501(c)(7) organizations. Enter

b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders . 11a **b** Gross income from other sources (Do not net amounts due or paid to other sources 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a

10a

10b

13c

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b

Section 501(c)(29) qualified nonprofit health insurance issuers.

a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O 13a

Enter the amount of reserves the organization is required to maintain by the states in 13b which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand

19

20

| Form | 990 (2018) | | | Page (| | | |
|------|--|-------------|---------|------------|--|--|--|
| Pai | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "Na 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI | • | onse to | lınes 🔽 | | | |
| Se | ction A. Governing Body and Management | | | ı | | | |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 1a 63 | | Yes | No | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O | | | | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent 1b 55 | | | | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | | No | | | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervisio of officers, directors or trustees, or key employees to a management company or other person? . | 3 | | No | | | |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . | 4 | | No | | | |
| 5 | 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . | | | | | | |
| 6 | Did the organization have members or stockholders? | 6 | Yes | | | | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a | Yes | | | | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | | No | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | | | | |
| а | The governing body? | 8a | Yes | | | | |
| Ь | Each committee with authority to act on behalf of the governing body? | 8b | Yes | | | | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | No | | | |
| Se | ction B. Policies (This Section B requests information about policies not required by the Internal Revenu | e Code | ∍.) | | | | |
| | | | Yes | No | | | |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | Yes | | | | |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | Yes | | | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Yes | | | | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | | | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Yes | | | | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Yes | | | | |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i> | 12 c | Yes | | | | |
| 13 | Did the organization have a written whistleblower policy? | 13 | Yes | | | | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Yes | | | | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | | No | | | |
| b | Other officers or key employees of the organization | 15b | Yes | | | | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) | | | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | | No | | | |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | 16b | | | | | |
| Se | ction C. Disclosure | | | | | | |
| 17 | List the States with which a copy of this Form 990 is required to be filed AK , AZ , AR , CO , CT , FL , GA , IL , KY , MS , NH , NJ , NY , NC , ND , OH , OK , PA WV | | | | | | |
| 18 | Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply | | | | | | |

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest

State the name, address, and telephone number of the person who possesses the organization's books and records

policy, and financial statements available to the public during the tax year

▶DEBRA ANDERSON 406 W 34TH ST KANSAS CITY, MO 64111 (816) 756-3390

| 101111 330 (2 | 010) | | | | | | | | | | Page / |
|-------------------------|--|--|-----------------------------------|---------------------------|---------------------|---------------------------------|------------------------------|--------|--|--|--|
| Part VII | Compensation of Officer and Independent Contra | | Truste | es, | Key | En | nploy | ees | , Highest Comp | ensated Employ | ees, |
| | Check if Schedule O contains a | response or no | te to an | y line | ≘ ın t | hıs | Part VI | ١. | | | 🗆 |
| Section | A. Officers, Directors, Tru | ıstees, Key E | mploy | ees | , an | d F | lighe | st (| Compensated En | nployees | |
| year . | this table for all persons requir of the organization's current of | | · | | | | | | , , | | • |
| of compensa | tion Enter -0- in columns (D), (if the organization's current key | E), and (F) if no | compe | nsatı | on w | vas į | paid | | - ,, | | |
| • List the who received | organization's five current high direportable compensation (Box and any related organizations | est compensate | d emplo | yees | (oth | ner t | than a | n off | icer, director, truste | e or key employee) | 1 |
| • List all o | of the organization's former office compensation from the organization | | | | | | pensat | ed e | employees who rece | ived more than \$10 | 0,000 |
| | f the organization's former dir e , more than \$10,000 of reportat | | | | | | | | | | e |
| compensated | in the following order individual demployees, and former such p | ersons | | | | | | | | | |
| ☐ Check tl | nis box if neither the organization | n nor any relate | ed organ | nizatio | on co | omp | ensate | d ar | ny current officer, di | rector, or trustee | Т |
| | (A) Name and Title | (B) Average hours per week (list any hours for related | than o | one bo oth a direct | ox, un off tor/t | t cho unles ficer rust | and a | on | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099- | (F) Estimated amount of other compensation from the organization and |
| | | organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officer | key employee | Highest compensated employee | Former | 2/1099-MI3C) | (W- 2/1099- MISC) | related organizations |
| See Additiona | al Data Table | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

THE QUALITY ROOFING COMPANY

compensation from the organization ▶ 32

1315 W 8TH ST KANSAS CITY, MO 64101 Page 8

| | , | 7 | | -,- | , | | 9. | icot compen | | p.o,ees (| 00//0 | | |
|--|---|-----------------------------------|-----------------------|----------------|--------------|-------------------|--------|--|-----------|---|-----------------------------|-----------------------|----------|
| (A) Name and Title | (B) Average hours per week (list any hours | | ne bo | ox, u n off | che inles | ss pers | son | (D) Reportable compensate from the organization | on (W- | (E) Reportable compensation from related organizations (\ | compensation W- from the | | |
| | for related organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officer | key employee | Highest compensat | Former | 2/1099-MIS | ·C) | 2/1099-MISC) |) | related organizations | |
| | | Stee | โกแรงสะ | | D. | pensated | | | | | | | |
| See Additional Data Table | | | | | | | | | | | | | |
| | | | | | | | | | | | + | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | + | | |
| | | | | | | | | | | | 1 | | |
| | | | | | | | | | | | + | | |
| | | | | | | | | | | | | | |
| 1b Sub-Total c Total from continuation sheets to Pa | art VII , Section | A | | | | > | | | | | | | |
| d Total (add lines 1b and 1c) | | to thos | | | oove | ► e) who | rece | 1,948,20 eived more tha | | | 0 | | 329,549 |
| | | | | | | | | | | | | Yes | No |
| 3 Did the organization list any former of line 1a? <i>If "Yes," complete Schedule 3</i> | | | | | | oyee, o | | - | ated | employee on | 3 | | No |
| 4 For any individual listed on line 1a, is organization and related organization individual | | | | | | | | | | the | 4 | Yes | |
| 5 Did any person listed on line 1a receive services rendered to the organization | | | | | | | | | r ındı | vidual for | 5 | | No |
| Section B. Independent Contract | | | | | | | | | | +100.000 (| | | |
| Complete this table for your five high- from the organization. Report comper | nsation for the c | | | | | | | | | 's tax year | npen | | |
| | (A) and business addre | ess | _ | | | | | | Descr | (B) option of services | | (C Comper | |
| AEGIS PROCESSING SOLUTIONS | | | | | | | | CAGIN | IG SER | VICES | | 1 | ,021,426 |
| 240 SE MADISON ST TOPEKA, KS 66607 | | | | | | | | | | | | | |
| QUAD GRAPHICS PRINTING CORP | | | | | | | | PRINTI | ING SE | ERVICES | | | 962,756 |
| PO BOX 98668 CHICAGO, IL 60693 | | | | | | | | | | | | | |
| COMMERCE REGISTER INC PO BOX 190 | | | | | | | | DATA I | PROCE | SSING SERVICES | | | 915,037 |
| MIDLAND PARK, NJ 07432 INNOVAIRRE STUDIOS INC | | | | | | | | FUNDR | RAISIN | IG SERVICES | | | 831,512 |
| 528 ROUTE 13 STE 200 MILFORD, NH 03055 | | | | | | | | | | | | | |
| THE QUALITY ROOFING COMPANY | | | | | | | | BUILD: | ING R | EPAIRS | | | 664.509 |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

| Part | VIII | | | | | | | | | | |
|---|--|---|-----------------|------------------------|-----------------------|----------|---------------------------------|--------------|------------------------------|--------------------------------|--|
| | | Check If Schedu | le O contains a | respo | onse or note to any l | (| his Part VIII (A) revenue | Re e f | (B) elated or exempt unction | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
| (A | 1 | a Federated campaig | ıns | 1a | | | | | evenue | l | 512 - 514 |
| ints unts | | b Membership dues | [| 1 b | _ | | | | | | |
| Gra mo | | c Fundraising events | ; | 1c | | | | | | | |
| fts, ⊑A | | d Related organization | ons | 1 d | 2,450,225 | | | | | | |
| n]3 ⊆ | | e Government grants (d | contributions) | 1e | | | | | | | |
| Sin | | f All other contributions and similar amounts r | | | | | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | above 9 Noncash contributi in lines 1a - 1f \$ | L | 1f | 69,041,940 | | | | | | |
| Cong | | h Total. Add lines 1a | n-1f | | > | | 74 402 465 | | | | |
| | | | | | Business | | 71,492,165 | | | | T |
| Шe | 2a | a MEMBERSHIP DUES | | | | 900099 | 8,69 | 99,820 | 8,699, | 320 | |
| ever | Ь | ADVERTISING REVENU | E | | | 541800 | 3,50 | 01,864 | | 3,501,86 | 54 |
| ı΄ G | c | CONVENTION REGISTR | ATION & BOOTH | | | 900099 | 28 | 34,888 | | | 284,888 |
| er vic | d | RENTAL INCOME FROM | AFFILIATES | | | 531390 | 22 | 24,012 | | | 224,012 |
| ج ري | e | ADMINISTRATIVE SERV | /ICES | | | 900099 | (| 52,655 | 62, | 555 | |
| Program Service Revenue | f | f All other program se | ervice revenue | | | | | | | | |
| Ā | | Total. Add lines 2a- | | | 12,7 | 73,239 | | | | | |
| | | Investment income (| | | nterest and other | 1 | | Τ | | | |
| | 9 | sımılar amounts) . | | | • | <u> </u> | 4,165,52 | 1 | | | 4,165,521 |
| | | Income from investm | | npt bo | ond proceeds | <u> </u> | 2,804,263 | 3 | | | 2,804,263 |
| | 9 | Royalties | (ı) Real | • | (II) Personal | | 2,004,20 | 1 | | | 2,004,203 |
| | 6ā | a Gross rents | ,, | | , | 1 | | | | | |
| | | b Less rental expenses | | 5,958 4,376 | 33,105 58,419 | 4 | | | | | |
| | • | D Less Tental expenses | | | | | | | | | |
| | • | c Rental income or (loss) | 38 | 1,582 | -25,314 | | | | | | |
| | (| d Net rental income o | or (loss) | • | | 1 | 356,268 | 3 | | -25,314 | 381,582 |
| | | | (ı) Securiti | es | (II) Other | | | | | | |
| | 7 <i>a</i> | a Gross amount from sales of assets other than inventory | 78,28 | 6,093 | 2,788 | | | | | | |
| | ŀ | b Less cost or other basis and sales expenses | 26,190 | | | | | | | | |
| | | C Gain or (loss) | | 6,991 | -23,402 |] | | | | | |
| | | d Net gain or (loss) | | | • | | 2,733,589 | 7 | | | 2,733,589 |
| Other Revenue | 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 a | | | | | | | | | | |
| Re | | b Less direct expense | | ь | |] | | | | | |
| her | | c Net income or (loss) Gross income from (| | | ents 🕨 | 1 | | | | | |
| ŏ | ,,, | See Part IV, line 19 | | | | | | | | | |
| | | . | | a | | | | | | | |
| | | b Less direct expense c Net income or (loss) | | b activiti | les |] | | | | | |
| | | aGross sales of inven | | | es > | | | | | | |
| | | returns and allowan | ces | al | 6,719,250 | | | | | | |
| | ŀ | b Less cost of goods | sold | a b | 3,582,798 | 1 | | | | | |
| | | c Net income or (loss) | | ı | orv . • | J | 3,136,452 | 2 | 3,135,809 | 643 | |
| | | Miscellaneous | | | Business Code | | | | | | |
| | 11 | 1a SUBSCRIPTION RE | VENUE | | 511120 | | 7,794 | 1 | | | 7,794 |
| | ŀ | LOSS FROM PASSIV | /E INVESTMENT | S | 900001 | | -97,74 | 1 | | -97,741 | |
| | (| с | | | | | | | | | |
| | | d All other revenue | | | | | | | | | |
| | | e Total. Add lines 11a | | | • | | 00.01 | , | | | |
| | 12 | 2 Total revenue. See | • Instructions | | | | -89,947 | | | | |
| | | | | | <u> </u> | | 97,371,550 | ון | 11,898,284 | 3,379,452 | 10,601,649 Form 990 (2018) |

| Form 990 (2018) | | | | Page 10 |
|---|------------------------|--|---|----------------------------|
| Part IX Statement of Functional Expenses | | | | |
| Section 501(c)(3) and 501(c)(4) organizations must complete all co | | ' | lete column (A) | |
| Check if Schedule O contains a response or note to any | line in this Part IX . | | (6) | <u> ⊔</u> |
| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraisingexpenses |
| Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 | 9,045,664 | 9,045,664 | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 2,034,686 | 2,034,686 | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16 | 133,974 | 133,974 | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 1,085,989 | 552,083 | 533,906 | |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 11,702,068 | 9,502,048 | 1,759,635 | 440,385 |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) | 1,068,515 | 855,577 | 174,046 | 38,892 |
| 9 Other employee benefits | 2,527,652 | 1,961,803 | 453,048 | 112,801 |
| 10 Payroll taxes | 1,026,537 | 818,552 | 173,653 | 34,332 |
| 11 Fees for services (non-employees) | | | | |
| a Management | | | | |
| b Legal | 215,330 | | 215,330 | |
| c Accounting | 183,115 | | 183,115 | |
| d Lobbying | | | | |
| e Professional fundraising services See Part IV, line 17 | 1,256,642 | | | 1,256,642 |
| f Investment management fees | 544,580 | | 544,580 | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 4,320,028 | 857,286 | 733,478 | 2,729,264 |
| 12 Advertising and promotion | 632,184 | 602,686 | 29,498 | |
| 13 Office expenses | 1,842,393 | 1,124,657 | 662,764 | 54,972 |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 1,131,648 | 919,448 | 144,139 | 68,061 |
| 17 Travel | 1,534,276 | 1,159,502 | 368,875 | 5,899 |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . | | | | |
| 19 Conferences, conventions, and meetings | 2,766,765 | 2,756,246 | 10,519 | |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 1,083,582 | 871,380 | 149,055 | 63,147 |
| 23 Insurance | 208,182 | 171,058 | 16,418 | 20,706 |
| 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) | | | | |
| a DIRECT MAIL, DUES NOTIC | 43,223,042 | 17,693,592 | 659,370 | 24,870,080 |
| b VFW MAGAZINE & OTHER PU | 4,473,772 | 4,473,772 | | |
| c OTHER PROGRAMMATIC ACTI | 992,746 | 992,746 | | |
| d MISCELLANEOUS | 171,417 | 145,594 | 20,712 | 5,111 |
| e All other expenses | 40,234 | 31,120 | 9,114 | |

93,245,021

41,346,693

56,703,474

16,855,025

6,841,255

244,993

29,700,292

24,246,675

Form **990** (2018)

25 Total functional expenses. Add lines 1 through 24e

26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Check here ▶ ☑ If following SOP 98-2 (ASC 958-720)

Form 990 (2018)

Net Assets or Fund Balances

27

28

29

30

31

32

33

34

| Р | art X | Balance Sheet | | | | | |
|-----------|--------|---|---|------------------------|---------------------------------|-------------|--------------------|
| | | Check if Schedule O contains a response or not | e to an | y line in this Part IX | | | 🗆 |
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash-non-interest-bearing | | | 2,700 | 1 | 2,700 |
| | 2 | Savings and temporary cash investments . | | [| 6,606,493 | 2 | 15,527,071 |
| | 3 | Pledges and grants receivable, net | | 577,638 | 3 | 670,630 | |
| | 4 | Accounts receivable, net | | | 1,638,444 | 4 | 4,265,891 |
| | 5 6 | Loans and other receivables from current and for trustees, key employees, and highest compensa Part II of Schedule L Loans and other receivables from other disquality | ployees Complete | | 5 | | |
| ts | | section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organiza voluntary employees' beneficiary organizations Part II of Schedule L | (c)(3)(B), and f section 501(c)(9) structions) Complete | | 6 | | |
| set | 7 | Notes and loans receivable, net | | - | | 7 | |
| Assets | 8 | Inventories for sale or use | | | 1,909,480 | 8 | 1,962,375 |
| _ | 9 | Prepaid expenses and deferred charges | · · · | 4,236,778 | 9 | 4,194,694 | |
| | 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a | 35,619,791 | | | |
| | b | Less accumulated depreciation | 10 b | 26,628,239 | 9,204,842 | 10 c | 8,991,552 |
| | 11 | Investments—publicly traded securities . | | | 255,922,233 | 11 | 199,294,510 |
| | 12 | Investments—other securities See Part IV, line | 11 . | | 11,088,467 | 12 | 14,116,343 |
| | 13 | Investments—program-related See Part IV, line | 11 . | | | 13 | |
| | 14 | Intangible assets | | [| | 14 | |
| | 15 | Other assets See Part IV, line 11 | | [| 576,252 | 15 | 508,814 |
| | 16 | Total assets.Add lines 1 through 15 (must equ | al line : | 34) | 291,763,327 | 16 | 249,534,580 |
| | 17 | Accounts payable and accrued expenses | | | 8,991,637 | 17 | 10,023,404 |
| | 18 | Grants payable | | | 402,210 | 18 | 312,370 |
| | 19 | Deferred revenue | | Γ | 33,357,513 | 19 | 33,389,427 |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| ý | 21 | Escrow or custodial account liability Complete F | art IV o | of Schedule D | | 21 | |
| abilities | 22 | Loans and other payables to current and former key employees, highest compensated employee | | | | | |
| 쓚 | | persons Complete Part II of Schedule L | | | | 22 | |

| | 13 | Investments—program-related See Part IV, line 11 | | 13 | |
|---|----|--|-------------|----|-------------|
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets See Part IV, line 11 | 576,252 | 15 | 508,814 |
| | 16 | Total assets.Add lines 1 through 15 (must equal line 34) | 291,763,327 | 16 | 249,534,580 |
| | 17 | Accounts payable and accrued expenses | 8,991,637 | 17 | 10,023,404 |
| | 18 | Grants payable | 402,210 | 18 | 312,370 |
| | 19 | Deferred revenue | 33,357,513 | 19 | 33,389,427 |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| S | 21 | Escrow or custodial account liability Complete Part IV of Schedule D | | 21 | |
| | | | | | |

| | 15 | Other assets See Part IV, line 11 | 576,252 | 15 | 508,814 |
|-------------|----|--|-------------|----|-------------|
| | 16 | Total assets.Add lines 1 through 15 (must equal line 34) | 291,763,327 | 16 | 249,534,580 |
| | 17 | Accounts payable and accrued expenses | 8,991,637 | 17 | 10,023,404 |
| | 18 | Grants payable | 402,210 | 18 | 312,370 |
| | 19 | Deferred revenue | 33,357,513 | 19 | 33,389,427 |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| Š | 21 | Escrow or custodial account liability Complete Part IV of Schedule D | | 21 | |
| Liabilities | 22 | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified | | | |
| qei | | persons Complete Part II of Schedule L | | 22 | |
| Ī | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| 4 | ĺ | | | | |

| jeļ | | persons Complete Part II of Schedule L | | 22 | |
|-----|----|---|-------------|----|-------------|
| 7 | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D | 144,970,801 | 25 | 106,776,257 |
| | 26 | Total liabilities. Add lines 17 through 25 | 187,722,161 | 26 | 150,501,458 |
| | | · | | | |

97,424,239

6,616,927

104,041,166

291,763,327

28

29

30

31

32

33

34

92,562,298

6,470,824

99,033,122

249,534,580 Form **990** (2018)

Organizations that follow SFAS 117 (ASC 958), check here > \square and

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. Capital stock or trust principal, or current funds . . .

Paid-in or capital surplus, or land, building or equipment fund .

Retained earnings, endowment, accumulated income, or other funds

Unrestricted net assets

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

3a

3b

No

Form 990 (2018)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Audit Act and OMB Circular A-133?

Additional Data

Software ID:

Software Version:

EIN: 44-0474290

Name: VETERANS OF FOREIGN WARS OF THE

UNITED STATES

Form 990 (2018)

Form 990, Part III, Line 4a:

VETERANS SERVICE ACTIVITIES - THE VEW MISSION INCLUDES THE MANDATE TO PRESERVE AND STRENGTHEN COMPADESHIP AMONG VETERANS AND TO PROVIDE ASSISTANCE TO THEM, THEIR WIDOWS AND ORPHANS TO MEET THIS OBLIGATION, THE VFW DELIVERS A BROAD RANGE OF PROGRAMS AND SERVICES TO VETERANS THROUGH A NATIONAL ORGANIZATION STRUCTURE THAT EXTENDS TO POSTS IN COMMUNITIES THROUGHOUT THE COUNTRY AT THE STATE LEVEL. THE DEPARTMENT SERVICE OFFICER PLAYS A KEY ROLE IN ASSISTING VETERANS IN DEALING WITH THE DEPARTMENT OF VETERANS AFFAIRS AND OTHER AGENCIES. THESE OFFICERS ARE FORMALLY TRAINED AND ACCREDITED TO REPRESENT BOTH MEMBER AND NON-MEMBER VETERANS AND THEIR DEPENDENTS OR SURVIVORS IN APPLYING FOR AND OBTAINING DEPARTMENT OF VETERANS AFFAIRS (VA) BENEFITS THE VFW NATIONAL VETERANS SERVICE STAFF PROVIDES ADDITIONAL SPECIALIZED EXPERTISE SUCH AS REPRESENTATION AT THE VA BOARD OF VETERANS APPEALS AND AT THE PRE-DISCHARGE POINTS FOR SOON-TO-BE DISCHARGED ACTIVE DUTY MILITARY PERSONNEL THIS STRUCTURE ENSURES THAT NO VETERAN, DEPENDENT OR SURVIVOR NEEDS TO DEAL WITH THE AGENCIES ADMINISTERING VETERAN'S PROGRAMS WITHOUT EXPERT REPRESENTATION IN ADDITION, THEY ADVOCATE DIRECTLY WITH GOVERNMENTAL AGENCIES TO RESOLVE ISSUES IMPACTING VETERANS THE VFW EXPENDED \$394,000 TO PROVIDE TRAINING TO 254 SERVICE OFFICERS AT BASIC, ADVANCED, AND PROFICIENCY TRAINING CONFERENCES. THIS TRAINING ENSURES VFW SERVICE OFFICERS REMAIN PROFICIENT IN UNDERSTANDING VETERANS BENEFIT PROGRAMS AND POLICIES TO PROVIDE QUALITY REPRESENTATION TO THEIR CLIENTS, WHO OFTEN MAINTAIN RELATIONSHIPS WITH THE VFW AS THEIR VA REPRESENTATION FOR YEARS AFTER FILING AN INITIAL CLAIM FOR THE 2019 FEDERAL FISCAL YEAR, DEPARTMENT OF VETERANS AFFAIRS REPORTED THAT MORE THAN 536,000 VETERANS AND ELIGIBLE DEPENDENTS REPRESENTED BY VFW SERVICE OFFICERS RECEIVED MORE THAN \$9 BILLION IN EARNED BENEFITS THE VFW ALSO PROVIDED \$60,000 FOR FREE PHONE CARDS SO THAT DEPLOYED TROOPS AND TROOPS IN HOSPITALS COULD MAKE OVER 12,000 CALLS HOME AND TALK WITH LOVED ONES AT NO COST TO THE SERVICE MEMBER ADDITIONALLY, THE VFW PROVIDED OVER \$1.33 MILLION IN HELP-A-HERO SCHOLARSHIPS TO 338 SERVICE MEMBERS AND VETERANS TO HELP THEM COMPLETE EDUCATIONAL GOALS. THIS PROGRAM PROVIDES UP TO \$5,000 IN SCHOLARSHIPS TO VETERANS OR CURRENT MILITARY PERSONNEL WITH A RANK OF E-5 OR BELOW VFW NATIONAL LEGISLATIVE SERVICE SERVES VETERANS, SERVICE MEMBERS, AND THEIR FAMILIES THROUGH PROTECTION AND ENHANCEMENT OF FEDERAL BENEFITS THIS SERVICE ENSURES THE VIEWS OF VETERANS ARE PRESENTED TO LEGISLATORS AND PROVIDES RECOMMENDATIONS CONCERNING PROPOSED LEGISLATION THE MEMBERSHIP IS KEPT INFORMED OF THESE ACTIVITIES THROUGH THE VFW MAGAZINE, THE VFW ACTION CORPS AND OTHER PRINT AND DIGITAL MATERIAL VFW REGULARLY APPEALS TO LAWMAKERS AND DEFENSE LEADERSHIP TO ENSURE THE HIGHEST LEVEL OF TRAINING, EQUIPMENT AND COMPENSATION FOR AMERICA'S SOLDIERS, SAILORS, AIRMEN, MARINES AND COAST GUARD PERSONNEL

Form 990, Part III, Line 4b: FRATERNAL ACTIVITIES AND MEMBER SERVICES - FRATERNAL ACTIVITIES AND MEMBER SERVICES ARE VITAL SUPPORT COMPONENTS TO THE VFW NATIONAL

THE WORLD THESE EFFORTS INCLUDE PATRIOTIC ACTIVITIES, COMMUNITY PROJECTS, YOUTH ACTIVITIES AND SUPPORT OF ACTIVE DUTY MILITARY PERSONNEL, GUARD AND RESERVES THE VFW NATIONAL HEADOUARTERS ALSO PROVIDES DUES PROCESSING SERVICES, FUNDRAISING SERVICES, AND OTHER ADMINISTRATIVE SUPPORT TO ALLOW THE VFW STATE AND LOCAL LEVELS TO FOCUS THEIR RESOURCES ON VETERAN SERVICE AND COMMUNITY SERVICE ACTIVITIES VFW PROVIDES A MAGAZINE

HEADQUARTERS AS IT WORKS TO ACCOMPLISH THE VFW MISSION AT STATE AND LOCAL LEVELS THIS SUPPORT INCLUDES GRANTS OF \$630,000 AND TRAINING TO PROVIDE LEADERSHIP AND ADMINISTRATION WITH THE INFORMATION AND INCENTIVES NEEDED TO MOBILIZE VOLUNTEER EFFORTS IN LOCAL COMMUNITIES AROUND

OF VFW-SPONSORED PROGRAMS IN THEIR LOCAL COMMUNITIES AND OTHER INFORMATION TO ENCOURAGE MEMBERS TO TAKE ACTION

AND EMBLEMATIC SUPPLIES TO MEMBERS AND VETERANS TO PROMOTE HISTORICAL EDUCATION. AND COMMEMORATION AND PROMOTION OF PATRIOTIC SUPPORT AND ACTIVITIES THE VEW MAGAZINE ENSURES MEMBERS AND THE GENERAL PUBLIC REMAIN APPRISED OF LEGISLATIVE AND ADMINISTRATIVE ISSUES CONCERNING VETERANS, HEALTH PROBLEMS CONFRONTING VETERANS, HISTORICAL AND COMMEMORATIVE EVENTS AND ACTIVITIES, SUPPORT PROVIDED BY MEMBERS IN SUPPORT

Form 990, Part III, Line 4c:

COMMUNITY SERVICE AND PUBLIC AWARENESS - COMMUNITY SERVICE IS A MAJOR PRIORITY OF THE VEW THE VEW'S MISSION INCLUDES MAINTAINING TRUE ALLEGIANCE TO THE GOVERNMENT OF THE UNITED STATES OF AMERICA AND FIDELITY TO ITS CONSTITUTION AND LAWS, FOSTERING TRUE PATRIOTISM AND LOVE OF COUNTRY, AND MAINTAINING AND EXTENDING THE INSTITUTIONS OF AMERICAN FREEDOM. TO FULFILL THESE OBJECTIVES. THE VFW HAS A COMPREHENSIVE SET OF EDUCATIONAL AND INFORMATIONAL PROGRAMS, MATERIALS, AND ACTIVITIES THAT REACH OUT TO EVERY AMERICAN VIRTUALLY EVERY DAY OF THE YEAR. THE MAJOR ELEMENTS OF VFW COMMUNITY SERVICE INCLUDE COMMUNITY ACTIVITIES, CITIZENSHIP EDUCATION, SAFETY PROGRAMS, AND YOUTH ACTIVITIES COMMUNITY ACTIVITIES INCLUDE ASSISTANCE IN CONDUCTING BLOOD DRIVES, RECYCLING PROGRAMS, AND NEIGHBORHOOD AND HIGHWAY BEAUTIFICATION PROJECTS, AID TO SENIOR CITIZENS, VOLUNTEERING IN HOSPITALS AND NURSING HOMES, AND ASSISTING FAMILIES IN TIMES OF PERSONAL TRAGEDY OR ILLNESS, AND ASSISTANCE TO CHURCHES AND SCHOOLS THROUGH VOLUNTEERING AND SPEAKER PROGRAMS CITIZENSHIP EDUCATION, MATERIALS, AND ACTIVITIES ARE GEARED TO REMIND. EDUCATE, AND INFORM CITIZENS OF THEIR COUNTRY'S TRADITIONS, FREEDOMS, AND THE NEED TO PRESERVE AND PROTECT THEM KEY ELEMENTS OF CITIZENSHIP EDUCATION INCLUDES PUBLICATIONS AND DISSEMINATION OF INFORMATION HONORING THE FLAG, PROPER FLAG DISPLAY. THE FLAG HISTORY AND THE FLAG CODE AS WELL AS PERIODIC DISTRIBUTION OF FREE FLAGS. SUPPORT OF CITIZENSHIP EDUCATION IN SCHOOLS THROUGH DISTRIBUTION OF CITIZENSHIP EDUCATION. MATERIALS AND SCHOOL FOLDERS CONTAINING COPIES OF THE DECLARATION OF INDEPENDENCE, THE CONSTITUTION, AND OTHER IMPORTANT HISTORICAL DOCUMENTS, PUBLICATION AND DISSEMINATION OF INFORMATION CONCERNING OFFICIAL PATRIOTIC HOLIDAYS SUCH AS MEMORIAL DAY, V-J DAY, VETERANS DAY, AND D-DAY, CELEBRATION OF PATRIOTIC HOLIDAYS THROUGH PARTICIPATION IN PARADES, PRESENTATIONS AND ASSEMBLIES, DISTRIBUTION OF PATRIOTIC

LITERATURE AND EMBLEMATIC MATERIALS TO INDIVIDUALS, ORGANIZATIONS AND SCHOOLS, AND ACTIVITIES TO SUPPORT "GET OUT THE VOTE" CAMPAIGNS AND VETERANS IN THE CLASSROOM. THE SAFETY MATERIALS AND ACTIVITIES IN THE OVERALL COMMUNITY SERVICE CATEGORY INCLUDE PEDESTRIAN SAFETY, DRUG AWARENESS, RECREATIONAL SAFETY AND HOME AND FIRE SAFETY. THE VFW MADE GRANTS OF \$378,000 TO ASSIST VFW POSTS AND AUXILIARIES WITH OUTREACH PROJECTS IN THEIR RESPECTIVE COMMUNITIES FOR YOUTH ACTIVITIES, THE VFW SUPPORTS AMERICA'S YOUTH ATHLETIC PROGRAMS BY ENCOURAGING LOCAL POSTS TO SPONSOR TEAMS AND PROVIDE LEADERSHIP AND MENTORING VFW ENCOURAGES AMERICA'S YOUTH TO BE GOOD CITIZENS BY PROVIDING CITIZENSHIP. EDUCATIONAL MATERIALS AND HONORING OUTSTANDING COMMUNITY SERVICE BY YOUNG PEOPLE FOLLOWING THE MEDAL OF HONOR CHARACTER DEVELOPMENT PROGRAM OF INSTRUCTION VFW ENCOURAGES ACADEMIC PROGRESS AND ACHIEVEMENT THROUGH A NATIONAL SCHOLARSHIP PROGRAM FOR HIGH SCHOOL STUDENTS AND ANOTHER FOR JUNIOR HIGH STUDENTS PARTICIPATING STUDENTS MAY RECEIVE SCHOLARSHIPS AT THE LOCAL, STATE AND NATIONAL LEVEL DURING THE FISCAL YEAR, THE VFW NATIONAL HEADQUARTERS PROVIDED \$180,000 IN SCHOLARSHIPS AND AWARDS FOR STUDENTS

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Estimated Average Reportable Reportable than one box, unless hours per compensation compensation amount of other person is both an officer week (list from the from related compensation any hours and a director/trustee) organization organizations from the

and Independent Contractors

SR VICE COMMANDER-IN-CHIEF

JR VICE COMMANDER-IN-CHIEF

ADJUTANT GENERAL - TERM END 7/18

......

NATIONAL CHAPLAIN - TERM END 7/19

...... ADJUTANT GENERAL - TERM STARTED 8/18

......

MATTHEW M MIHELCIC

BERNARD J DUFFY

KEVIN C JONES

DEBRA ANDERSON

JAMES G JENKINS JR

NATIONAL CHAPLAIN

CHARLENE K COBB

QUARTERMASTER GENERAL

| | | | | | , | | ′ | (11) 2 (1000 | (14) 2/4 000 | organization and | |
|--------------------------------------|---|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------|----------------------|--------------------------|--|
| | for related organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officer | key employee | Highest compensated employee | Former | (W- 2/1099- MISC) | (W- 2/1099- MISC) | related organizations | |
| KEITH E HARMAN | 5 00 | | | | | | | | | | |
| PAST CIC - TERM END 7/19 | •••••• | × | | | | | | 147,417 | 0 | 6,882 | |
| VINCENT LAWRENCE | 55 00 | | | | | | | | | | |
| COMMANDER-IN-CHIEF - TERM END 7/19 | 5 00 | × | | X | | | | 169,206 | 0 | 26,563 | |
| WILLIAM J SCHMITZ | 55 00 | | | | | | | | | | |
| COMMANDER-IN-CHIEF - TERM START 8/19 | 5 00 | × | | × | | | | 148,024 | 0 | 8,328 | |
| HAROLD J ROESCH II | 55 00 | | | | | | | | | | |
| | ••••• | X | | X | | | | 67,401 | 0 | 2,568 | |

55 00

55 00

5 00 55 00

5 00 55 00

> 5 00

......

................

Х

Х

Х

Х

Х

Х

Χ

Χ

Х

Χ

Χ

Χ

147,152

163,595

203,900

360

14,947

43,571

42,361

0

0

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the compensation from related any hours and a director/trustee) organization organizations from the

and Independent Contractors

SURGEON GENERAL

RUTH A FAIRCHILD

PAUL R PHILLIPS JR

JERRY W HERKER

DUANE T SARMIENTO

INSPECTOR GENERAL

GEORGE H JONES

WALTER W WATTS JR

CHARLES L SHOEMAKER

NATIONAL COUNCIL MEMBER

NATIONAL COUNCIL MEMBER

NATIOANL CHIEF OF STAFF

SURGEON GENERAL - TERM ENDED 7/18

NATIONAL CHIEF OF STAFF-TRM END 7/19

INSPECTOR GENERAL - TERM ENDED 7/19

......

| | for related organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officer | key employee | Highest compensated employee | Former | (W- 2/1099- MISC) | (W- 2/1099- MISC) | organization and related organizations |
|--|---|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------|----------------------|--|
| J DOUGLAS WHITAKER JUDGE ADVOCATE GENERAL | 5 00 | × | | х | | | | 0 | 0 | 0 |
| DANIEL J NAIL JUDGE ADVOCATE GENERAL-TERM END 7/19 | 5 00 | × | | x | | | | 622 | 0 | 0 |
| CURTIS O BOHLMAN | 5 00 | | | | | | \Box | | | |

Χ

Χ

Χ

Х

Χ

1,029

3,349

3,103

6,154

1,575

0

0

0

5 00

5 00

5 00

5 00

5 00

5 00

5 00

Х

Х

Х

Х

Х

Х

Х

.......

...............

......

................

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless hours per compensation compensation week (list person is both an officer from the from related compensation any hours and a director/trustee) organization organizations from the (W- 2/1099for related (W- 2/1099organization and

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

| | organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officer | key employee | Highest compensated | Former | MISC) | MISC) | related organizations |
|--|--|-----------------------------------|-----------------------|---------|--------------|---------------------|--------|-------|-------|--------------------------|
| MICHAEL K FERGUSON NATIONAL COUNCIL MEMBER | 5 00 | × | | | | | | 1,745 | 0 | 0 |
| ASHLEY A LITTLE NATIONAL COUNCIL MEMBER | 5 00 | × | | | | | | 7,116 | 0 | 0 |
| EARL D FULK NATIONAL COUNCIL MEMBER | 5 00 | х | | | | | | 2,128 | 0 | 0 |
| BRUCE R DOLAN | 5 00 | X | | | | | | 1.148 | 0 | 0 |

0

0

0

774

480

2,083

1,893

1,516

0

| EARL D FULK NATIONAL COUNCIL MEMBER | | × | | | 2,128 |
|---------------------------------------|------|---|--|--|-------|
| BRUCE R DOLAN NATIONAL COUNCIL MEMBER | 5 00 | × | | | 1,148 |
| RICHARD G DI FEDERICO JR | 5 00 | × | | | 901 |

5 00

5 00

5 00

5 00

5 00

Х

Х

Х

Х

Х

......

......

...............

and Independent Contractors

WILLIAM R HALL

NATIONAL COUNCIL MEMBER

STANLEY Y FERNANADEZ

......

NORBERTO MILLET JR

W BENNY BACHAND

ALFRED J LIPPHARDT

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless hours per compensation compensation person is both an officer week (list from the compensation from related and a director/trustee) any hours organization organizations from the

and Independent Contractors

BOBBY J COX

NATIONAL COUNCIL MEMBER

NATIONAL COUNCIL MEMBER

.......... NATIONAL COUNCIL MEMBER

NATIONAL COUNCIL MEMBER

NATIONAL COUNCIL MEMBER

NATIONAL COUNCIL MEMBER

ROBERT O HENDRICKSON

GERALD G DUGAS

DAVID D WILLIAMS

R BRIAN STURGIS

ROBERT A GRASER

| | 1 6 ' ' | 1 | | | • | | , | 1 (1) 2 (4 0 0 0 | 0.00 | l |
|---|---|---|-----------------------|---------|--------------|------------------------------|--------|----------------------|----------------------|--|
| | for related organizations below dotted line) | | Institutional Trustee | Officer | key employee | Highest compensated employee | Former | (W- 2/1099- MISC) | (W- 2/1099- MISC) | organization and related organizations |
| RICK W JOHNSON NATIONAL COUNCIL MEMBER | 5 00 | × | | | | | | 2,847 | 0 | 0 |
| PHILIP L MAUGHAN NATIONAL COUNCIL MEMBER | 5 00 | × | | | | | | 690 | 0 | 0 |
| JOHNNY R CAPPS NATIONAL COUNCIL MEMBER | 5 00 | × | | | | | | 3,762 | 0 | 0 |
| | 5.00 | | | | | | | | | |

0

0

0

0

0

0

0

2,320

957

935

3,433

1,202

1,992

| | × | | | | | | 690 | |
|------|------|--------|--------|--------|--------|--------|--------|--------------|
| 5 00 | v | | | | | | 3 762 | |
| | _ ^ | | | | | | 3,702 | |
| 5 00 | Ų | | | | | | 41.4 | |
| | | | | | | | 414 | |
| | 5 00 | 5 00 X 3,762 |

5 00

5 00

5 00

5 00

5 00

5 00

......

......

................

Х

Х

Х

Х

Х

Х

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the compensation from related and a director/trustee) any hours organization organizations from the for related (W- 2/1099-(W-2/1099organization and

요ㅋ 그 오 중 막끈 고

4,037

952

2,227

748

2,451

1,764

0

0

0

0

0

0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

| | organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officer | Highest compensated employee | Former | MISC) | MISC) | related organizations |
|--|--|-----------------------------------|-----------------------|---------|------------------------------|--------|-------|-------|--------------------------|
| GERALD J GORSKI NATIONAL COUNCIL MEMBER | 5 00 | × | | | | | 879 | 0 | 0 |
| THOMAS L HANSON NATIONAL COUNCIL MEMBER | 5 00 | × | | | | | 98 | 0 | 0 |
| STEVEN M ORGAN NATIONAL COUNCIL MEMBER | 5 00 | × | | | | | 1,870 | 0 | 0 |
| JESSIE L JONES | 5 00 | х | | | | | 0 | 0 | 0 |

5 00

5 00

5 00

5 00

5 00

5 00

......

......

......

Х

Х

Х

Х

Х

Х

NATIONAL COUNCIL MEMBER

NATIONAL COUNCIL MEMBER

......

NATIONAL COUNCIL MEMBER

NATIONAL COUNCIL MEMBER

NATIONAL COUNCIL MEMBER

NATIONAL COUNCIL MEMBER

GILBERT HERNANADEZ

WILLIAM F THOMSON

KATHIE D SCHIEBEL

LARRY M GERLT

PAUL J LLOYD

and Independent Contractors

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless hours per compensation compensation person is both an officer week (list from the compensation from related any hours and a director/trustee) organization organizations from the

and Independent Contractors

NATIONAL COUNCIL MEMBER

GUYDE A LOMBARI JR

AUGUSTUS SINGLETON

.......... NATIONAL COUNCIL MEMBER

BERT W KEY

SHAWN C WATSON

ROBERT C EILER

| | 1 (11) | 1 | u un | ' | | | | | | 1 110111 (110 |
|--|---|---|-----------------------|---|--------------|------------------------------|--------|----------------------|----------------------|--|
| | for related organizations below dotted line) | | Institutional Trustee | Officer | key employee | Highest compensated employee | Former | (W- 2/1099- MISC) | (W- 2/1099- MISC) | organization and related organizations |
| ROBERT E BARNHART NATIONAL COUNCIL MEMBER | 5 00 | X | | | | | | 2,262 | 0 | 0 |
| GREGORY A STAFFORD NATIONAL COUNCIL MEMBER | 5 00 | | | | | | | 2,850 | 0 | 0 |
| JAMES H HAPALA NATIONAL COUNCIL MEMBER | 5 00 | | | | | | | 2,222 | 0 | 0 |
| CHRISTOPHER W HAYNES | 5 00 | | | | | | | 4.728 | 0 | 0 |

1,186

2,943

1,435

1,395

1,204

1,658

0

0

0

| NATIONAL COUNCIL MEMBER | | | | | · | |
|-------------------------|------|-----|--|--|-------|--|
| JAMES H HAPALA | 5 00 | × | | | 2.222 | |
| NATIONAL COUNCIL MEMBER | | | | | 2,222 | |
| CHRISTOPHER W HAYNES | 5 00 | l | | | 4.728 | |
| NATIONAL COUNCIL MEMBER | | _ ^ | | | 4,728 | |
| ROBERT A CLARK | 5 00 | | | | | |

5 00

5 00

5 00

5 00

5 00

Х

Х

Х

Х

Х

......

......

...............

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless hours per compensation compensation person is both an officer week (list from the compensation from related and a director/trustee) any hours organization organizations from the

and Independent Contractors

ALLSTON J GILMOND

THOMAS F GIMBLE

FREDERICK A GREEN

TODD C KINGSBURY

GUNDEL M E METZ

RODNEY A BIRKLE

NATIONAL COUNCIL MEMBER

......

| | for related organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | (W- 2/1099- MISC) | (Ŵ- 2/1099- MISC) | organization and related organizations |
|--|---|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------|----------------------|--|
| RICK L WILLIAMSON NATIONAL COUNCIL MEMBER | 5 00 | × | | | | | | 6,332 | 0 | 0 |
| HENRY HOOPER II NATIONAL COUNCIL MEMBER | 5 00 | х | | | | | | 1,516 | 0 | 0 |
| DANIEL L WEST NATIONAL COUNCIL MEMBER | 5 00 | × | | | | | | 865 | 0 | 0 |
| DENNIS L PARIZEK | 5 00 | | | | | | | | | |

0

0

0

0

0

1,922

2,102

2,086

5,833

3,162

| HENRY HOOPER II | 5 00 | l . | | | 1,516 | |
|-------------------------|--------|-----|--|--|-------|--|
| NATIONAL COUNCIL MEMBER | | ^ | | | 1,316 | |
| DANIEL L WEST | 5 00 | | | | | |
| NATIONAL COUNCIL MEMBER | ••••• | Х | | | 865 | |
| DENNIS L PARIZEK | 5 00 | 1 | | | | |
| NATIONAL COUNCIL MEMBER | •••••• | × | | | 1,990 | |

5 00

5 00

5 00

5 00

5 00

5 00

Х

Х

Х

Х

Х

Х

......

......

......

................

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless hours per compensation compensation amount of other week (list person is both an officer from the from related compensation any hours and a director/trustee) organization organizations from the for related (W-2/1099-(W- 2/1099organization and

and Independent Contractors

CHUCK KELLER

DAROLD D COUCH

JOHN T GIESE

NATIONAL COUNCIL MEMBER-TRM END 7/19

NATIONAL COUNCIL MEMBER-TRM END 7/19

NATIONAL COUNCIL MEMBER-TRM END 7/19

| | organizations below dotted line) | ndradual trustee in director | Institutional Trustee | Afficer | ey employee | lighest compensated | ormer | MISC) | MISC) | related organizations |
|--|--|---------------------------------|-----------------------|---------|-------------|---------------------|-------|-------|-------|--------------------------|
| JOHN W DAVIN NATIONAL COUNCIL MEMBER-TRM END 7/19 | 5 00 | × | | | | | | 1,949 | 0 | 0 |
| GREGORY L BAKER NATIONAL COUNCIL MEMBER-TRM END 7/19 | 5 00 | х | | | | | | 5,799 | 0 | 0 |
| DARRELL A BLASBERG | 5 00 | Ų | | | | | | 6.070 | 0 | |

| GREGORY L BAKER NATIONAL COUNCIL MEMBER-TRM END 7/19 | 5 00 | x | | | | 5,799 | 0 | |
|---|------|---|---|--|---|-------|---|---|
| DARRELL A BLASBERG NATIONAL COUNCIL MEMBER-TRM END 7/19 | 5 00 | × | | | | 6,079 | 0 | |
| HARRY L CROYLE NATIONAL COUNCIL MEMBER-TRM END 7/19 | 5 00 | × | | | | 5,038 | 0 | |
| | E 00 | 1 | 1 | | ı | | | 4 |

| NATIONAL COUNCIL MEMBER-TRM END 7/19 | | X | | | 6,079 | 0 | |
|--------------------------------------|------|----|--|--|-------|---|--|
| HARRY L CROYLE | 5 00 | × | | | 5,038 | 0 | |
| NATIONAL COUNCIL MEMBER-TRM END 7/19 | | ,, | | | 0,000 | | |
| GARY R ANDERSON | 5 00 | | | | | | |

| HARRY L CROYLE | 5 00 | × | | | 5,038 | 0 | , | 1 |
|--------------------------------------|------|---|--|--|-------|---|---|--------|
| NATIONAL COUNCIL MEMBER-TRM END 7/19 | | | | | 3,030 | • | | _ |
| GARY R ANDERSON | 5 00 | ¥ | | | 6,374 | 0 | | - 1 |
| NATIONAL COUNCIL MEMBER-TRM END 7/19 | | ^ | | | 0,374 | 0 | | , _ |
| DITLLID & DIDDING | 5 00 | | | | | | | _ |

| GARY R ANDERSON | 5 00 | | | | 6.374 | 0 | |
|--------------------------------------|------|---|--|--|-------|---|---|
| NATIONAL COUNCIL MEMBER-TRM END 7/19 | | ^ | | | 0,374 | 3 | |
| PHILLIP A PIPPINS | 5 00 | × | | | 5,560 | 0 | 0 |
| NATIONAL COUNCIL MEMBER-TRM END 7/19 | | ^ | | | 3,300 | J | |

| NATIONAL COUNCIL MEMBER-TRM END 7/19 | | | | | | | |
|--|------|--|--|--|-------|---|---|
| PHILLIP A PIPPINS NATIONAL COUNCIL MEMBER-TRM END 7/19 | 5 00 | | | | 5,560 | 0 | C |
| JOHN L IOSSI | 5 00 | | | | | | |

5,112

7,291

5,725

0

0

0

| NATIONAL COUNCIL MEMBER-TRM END 7/19 | | × | | | 5,560 | 0 | |
|--|------|---|--|--|-------|---|--|
| JOHN L IOSSI NATIONAL COUNCIL MEMBER-TRM END 7/19 | 5 00 | × | | | 6,551 | 0 | |

5 00

5 00

5 00

Х

Х

Х

......

...............

and Independent Contractors (A) (B) (C) (D) (E) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless hours per compensation compensation amount of other

INSURANCE

JASON HAILEY

KELLY JONES

CHIEF INFORMATION OFFICER

MANAGER, DEVELOPMENT

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

121,971

122,125

Х

(F)

36,224

40,885

| | week (list any hours | | | | | office ustee | | from the organization | from related organizations | compensation from the | |
|---|---|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|-----------------------|-------------------------------|--|--|
| | for related organizations below dotted line) | individual trustee or director | Institutional Trustee | Officer | key employee | Highest compensated employee | Former | (W- 2/1099- MISC) | (W- 2/1099- MISC) | organization and related organizations | |
| ROBERT WALLACE ASSISTANT ADJUTANT GENERAL, EXEC DIR | 55 00 | | | | | х | | 194,749 | 0 | 34,580 | |
| JOHN R MUCKELBAUER GENERAL COUNSEL | 55 00 | | | | | х | | 137,389 | 0 | 46,982 | |
| JAMES J LIERZ CONTROLLER AND MANAGER OF PURCHASING & | 55 00 | | | | | х | | 152,550 | 0 | 25,658 | |

55 00

55 00

...............

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE D**

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

(Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," on Form 990,
 Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
 ► Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

DLN: 93493015008100

Inspection

| VET | ERANS OF FOREIGN WARS OF THE | | Employer Identificati | on number |
|------|--|--|---------------------------------------|----------------|
| 0.11 | TED STATES | | 44-0474290 | |
| Pa | rt I Organizations Maintaining Donor Adv Complete If the organization answered "Y | ised Funds or Other Similar Funds o | or Accounts. | |
| | Complete if the organization answered | (a) Donor advised funds | (b)Funds and other | er accounts |
| L | Total number at end of year | (a) Bollor davised lands | (b) and and our | er accounts |
| , | Aggregate value of contributions to (during year) | | | |
| | Aggregate value of grants from (during year) | | | |
| ı | Aggregate value at end of year | | | |
| | Did the organization inform all donors and donor advis | ore in writing that the assets hold in donor ad | husad funds are the | |
| • | organization's property, subject to the organization's e | | | ☐ Yes ☐ No |
| 5 | Did the organization inform all grantees, donors, and or charitable purposes and not for the benefit of the dono private benefit? | | | ☐ Yes ☐ No |
| Pa | rt II Conservation Easements. Complete if t | he organization answered "Yes" on Forn | n 990, Part IV, line 7. | |
| L | Purpose(s) of conservation easements held by the orga | anization (check all that apply) | | |
| | \square Preservation of land for public use (e g , recreation | on or education) \square Preservation of an | historically important lan | d area |
| | Protection of natural habitat | ☐ Preservation of a c | certified historic structure | |
| | Preservation of open space | | | |
| 2 | Complete lines 2a through 2d if the organization held a easement on the last day of the tax year | qualified conservation contribution in the for | rm of a conservation Held at the End | d of the Vear |
| а | Total number of conservation easements | | 2a | d of the real |
| b | Total acreage restricted by conservation easements | | 2b | |
| С | Number of conservation easements on a certified histor | ric structure included in (a) | 2c | |
| d | Number of conservation easements included in (c) acquistructure listed in the National Register | uired after 7/25/06, and not on a historic | 2d | |
| 3 | Number of conservation easements modified, transferr tax year ▶ | ed, released, extinguished, or terminated by | the organization during th | ne |
| ŀ | Number of states where property subject to conservati | on easement is located > | | |
| 5 | Does the organization have a written policy regarding and enforcement of the conservation easements it hold | | of violations, | □ No |
| 5 | Staff and volunteer hours devoted to monitoring, inspe | ecting, handling of violations, and enforcing co | onservation easements du | iring the year |
| 7 | Amount of expenses incurred in monitoring, inspecting \$ \\$ | , handling of violations, and enforcing conser | vation easements during | the year |
| 3 | Does each conservation easement reported on line 2(d and section $170(h)(4)(B)(ii)$? |) above satisfy the requirements of section 1 | 70(h)(4)(B)(ı) | □ No |
| 9 | In Part XIII, describe how the organization reports con balance sheet, and include, if applicable, the text of th the organization's accounting for conservation easeme | e footnote to the organization's financial state | • | |
| ar | Complete if the organization answered "Y | | er Similar Assets. | |
| La | If the organization elected, as permitted under SFAS 1 art, historical treasures, or other similar assets held fo provide, in Part XIII, the text of the footnote to its final | 16 (ASC 958), not to report in its revenue sta r public exhibition, education, or research in f | | |
| b | If the organization elected, as permitted under SFAS 1 historical treasures, or other similar assets held for pul following amounts relating to these items | | | |
| (| i) Revenue included on Form 990, Part VIII, line 1 | | ▶ \$ | |
| (i | i)Assets included in Form 990, Part X | | ▶ \$ | |
| 2 | If the organization received or held works of art, histor following amounts required to be reported under SFAS | | · | _ |
| а | Revenue included on Form 990, Part VIII, line 1 | (boo) | ▶ \$ | |
| L | Accete included in Form 990. Part V | | | |

Cat No 52283D

Schedule D (Form 990) 2018

| Par | t III | Organizations Ma | aintaining Col | lections o | of Art, H | listori | cal Tı | reasu | ires, oi | r Other | Similar A | ssets (| continue | ∍d) | |
|------------|------------------|---|------------------------------|---|--------------|---------------|----------|---------|--|-------------|--------------|------------|----------------|-------|---------|
| 3 | | the organization's acq (check all that apply) | uisition, accessior | n, and other | records, | check a | any of | the fo | llowing t | hat are a | significant | use of its | collect | ion | |
| а | | Public exhibition | | | | d | | Loan | or excha | ange prog | ırams | | | | |
| b | | Scholarly research | | | | е | | Othe | r | | | | | | |
| c | | Preservation for future | e generations | | | | | | | | | | | | |
| 4 | Provid Part X | e a description of the III | organization's col | lections and | d explain h | now the | y furth | ner the | e organız | zation's ex | empt purpo | ose in | | | |
| 5 | | the year, did the org to be sold to raise fur | | | | | | | | | ılar | ☐ Ye | s [| □No | |
| Pa | rt IV | Escrow and Cust Complete if the ord X, line 21. | | | " on Fori | m 990 | , Part | IV, lı | ne 9, o | r reporte | ed an amoi | unt on F | orm 9 | 90, P | art |
| 1a | | organization an agent ed on Form 990, Part I | | an or other | ıntermedı | ary for | contril | bution | s or othe | er assets | not | ☐ Ye | s [| □No | |
| Ь | If "Yes | s," explain the arrange | ement in Part XIII | and comple | ete the fol | llowina | table | | | | Δ | mount | | | |
| c | | ning balance | indic in rare xiii | ana compi | | oming | table | | | 1c | | | | | |
| d | _ | ons during the year | | | | | | | | 1d | | | | | |
| е | | outions during the year | r | | | | | | | 1e | | | | | |
| f | Ending | g balance | | | | | | | | 1f | | | | | |
| 2a | Did th | e organization include | an amount on Fo | rm 990, Pai | rt X, line 2 | 21, for | escrow | or cu | Istodial a | ccount lia | bility? | ☐ Ye | s [| □No | |
| b | If "Yes | s," explain the arrange | ement in Part XIII | Check here | e ıf the ex | planati | on has | been | provide | d in Part) | KIII | | | | |
| Pa | rt V | Endowment Fund | ds. Complete ıf | the organ | ization a | ınswer | ed "Y | es" or | n Form | 990, Par | t IV, line 1 | LO. | | | |
| _ | _ | 6 1 1 | | (a)Currer | nt year | (b) Pi | rior yea | r | (c)Two y | ears back | (d)Three ye | ars back | (e)Four | years | back |
| | _ | ng of year balance . | | | | | | + | | | | | | | |
| | | utions | | | | | | + | | | | | | | |
| | | estment earnings, gair | · | | | | | - | | | | | | | |
| | | or scholarships | | | | | | - | | | | | | | |
| е | | xpenditures for facilition | es | | | | | | | | | | | | |
| f | | strative expenses . | | | | | | $^{+}$ | | | | | | | |
| | | ear balance | | | | | | | | | | | | | |
| 2 | | e the estimated perce | ntage of the curre | nt vear end | d balance | (line 1 | ı. colu | mn (a' |)) held a | 5 | l | J | | | |
| _ a | | designated or quasi-e | - | , | | (: | , | (=, | ,, | - | | | | | |
| h | Perma | nent endowment > | | | | | | | | | | | | | |
| c | Tempo | orarily restricted endov | wment > | | | | | | | | | | | | |
| · | | rcentages on lines 2a | | ld equal 100 | 0% | | | | | | | | | | |
| 3a | | ere endowment funds zation by | not in the posses | sion of the | organızatı | on that | are h | eld an | d admini | istered fo | r the | | Y | es | No |
| | (i) un | related organizations | | | | | | | | | | 3 | a(i) | | |
| | | lated organizations . | | | | | | | | | | 3a | ı(ii) | | |
| b | | s" on 3a(II), are the re | - | | • | | | ?. | | | | <u> </u> | 3b | | |
| 4 | | be in Part XIII the inte | | | n's endow | vment f | unds | | | | | | | | |
| Pa | rt VI | Land, Buildings, Complete if the ord | | | " on Fori | m 990 | Part | TV li | ne 11a | See For | -m 990 Pa | ert X lir | ne 10 | | |
| | Descrip | otion of property | (a) Cost or oth (investme | er basıs | (b) Cost | | | | | | lepreciation | | d) Book | value | |
| 1 a | Land . | | | | | | 1,43 | 35,663 | | | | | | 1,4 | 135,663 |
| | Building | | | | | | 20,99 | 97,702 | | | 14,965,719 | | | 6,0 | 031,983 |
| | _ | old improvements | | | | | | | | | | | | | |
| | | ent | | | | | 13,18 | 36,426 | | | 11,662,520 | | | 1,5 | 523,906 |
| | | | | | | | | | | | | | | | |

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

| Investments—Other Securities. Complete See Form 990, Part X, line 12. | | |
|--|------------------------------|--|
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|) Financial derivatives | | |
| Closely-held equity interests | | |
|) FUND INVESTMENTS) | 14,116,343 | F |
| | | |
| | | |
|)) | | |
| | | |
|) | | |
| 5) | | |
| 1) | | |
| tal. (Column (b) must equal Form 990, Part X, col (B) line 12) | 14 116 242 | |
| art VIII Investments—Program Related. | ▶ 14,116,343 | |
| Complete if the organization answered 'Yes' of | on Form 990, Part IV, line : | 11c. See Form 990, Part X, line 13. (c) Method of valuation |
| (a) Description of investment | (B) Book value | Cost or end-of-year market value |
| .) | | |
|) | | |
| 2) | | |
| 9) | | |
| · · | | |
| | | |
| 5) | | |
| ') | | |
| 3) | | |
| 9) | | |
| otal. (Column (b) must equal Form 990, Part X, col (B) line 13) | • | |
| Part IX Other Assets. Complete if the organization answ (a) Descrip | | /, line 11d See Form 990, Part X, line 15 (b) Book vali |
| .) | риоп | (B) Book van |
| 2) | | |
| | | |
| | | |
| •) | | |
| | | |
| 5) | | |
|) | | |
| () | | |
|) | | |
| | 1 | |
| Otal. (Column (b) must equal Form 990, Part X, col (B) line 15 part XOther Liabilities. Complete if the organization | | 990, Part IV, line 11e or 11f. |
| See Form 990, Part X, line 25. (a) Description of liability | (b) Book | value |
|) Federal income taxes | (B) 200K | value |
| FE MEMBER DUES FOR FUTURE DISTRIBUTION - STATE & POST | rs | 73,419,033 |
| | i | 22,889,913 |
| | | 10,467,311 |
| NSION LIABILITY | | <u> </u> |
| NSION LIABILITY) | | |
| NSION LIABILITY) | | |
| NSION LIABILITY) | | |
| NSION LIABILITY)) | | |
| ENSION LIABILITY (b) (c) (c) | | |
| ENSION LIABILITY E) E) E) E) E) E) E) E) E) E | | |
| AYABLE FOR COLLATERAL RECEIVED FOR SECURITIES LENDING ENSION LIABILITY (1) (3) (3) (4) (5) (7) (8) (9) (9) (1) (1) (1) (2) (1) (2) (3) (4) (5) (6) (7) (7) (8) (8) (9) (9) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1 | | 06,776,257 |

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

а Net unrealized gains (losses) on investments 2a -2.890.540 2b b

Page 4

99,973,783

2,553,437

97,371,550

99,403,193

8,711,609

90,691,584

2,553,437

93,245,021

Schedule D (Form 990) 2018

2c c d 2d 8.046.210

2e 5,155,670 e 3 3 94,818,113 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part

2a 2b

2c

2d

4a 4b

Explanation

8,711,609

2,553,437

2e

3

4c

5

Investment expenses not included on Form 990, Part VIII, line 7b . 4a

4b 2.553,437

b Add lines **4a** and **4b** 4c

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Add lines **4a** and **4b**

C 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . .

Donated services and use of facilities . . .

Other (Describe in Part XIII)

Supplemental Information

Schedule D (Form 990) 2018

Part XI

1

2

c

d

3

4

b

5

Part XIII

See Additional Data Table

Return Reference

| Schedule D (Form 990) 2018 | Page 5 |
|-----------------------------|--------------------|
| Part XIII Supplemental Info | mation (continued) |
| Return Reference | Explanation |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Schedule D (Form 990) 2018

Additional Data

Software ID: Software Version:

EIN: 44-0474290

Name:

VETERANS OF FOREIGN WARS OF THE

UNITED STATES

THE ORGANIZATION APPLIES THE PROVISIONS OF ASC TOPIC 740, INCOME TAXES, (ASC 740) WITH RES PECT TO UNCERTAIN TAX POSITIONS ASC 740 REQUIRES THAT ALL TAX POSITIONS BE EVALUATED USIN G A RECOGNITION THRESHOLD AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN

AND PENALTIES RELATED TO UNCERTAIN TAX POSITIONS, HAVE BEEN NOTED AND THUS NO AMOUNTS HAVE

Supplemental Information

PART X, LINE 2

Return Reference

Explanation

BEEN RECORDED AT AUGUST 31, 2019 OR 2018

IN A TAX RETURN DIFFERENCES BETWEEN POSITIONS TAKEN IN A RETURN AND AMOUNTS RECOGNIZED IN THE FINANCIAL STATEMENTS ARE RECORDED AS ADJUSTMENTS TO INCOME TAXES PAYABLE OR RECEIVABLE, OR ADJUSTMENTS TO DEFERRED INCOME TAXES, OR BOTH ASC 740 ALSO REQUIRES EXPANDED DISCLOSURES AT THE END OF EACH ANNUAL REPORTING PERIOD NO UNCERTAIN TAX POSITIONS, OR INTEREST

| Supplemental Imormation | | | | | | |
|-------------------------|--|--|--|--|--|--|
| Return Reference | Explanation | | | | | |
| PART XI, LINE 2D | THE AMOUNT ON LINE 2D IS COMPRISED OF THE FOLLOWING AMOUNTS \$4,215,197 VFW FOUNDATION REV ENUE INCLUDED IN THE CONSOLIDATED AUDITED F/S 792,795 RENTAL EXPENSES THAT ARE INCLUDED IN PART VIII. LINE 6B 3,582,798 COST OF GOODS SOLD THAT ARE INCLUDED ON PART VIII. LINE 10B | | | | | |

Supplemental Information

(544,580)INVESTMENT MANAGEMENT FEES \$8,046,210

| upplemental Information | | | | | | | |
|-------------------------|---|--|--|--|--|--|--|
| Return Reference | Explanation | | | | | | |
| PART XI, LINE 4B | THIS REPRESENTS INTERCOMPANY ELIMINATIONS BETWEEN THE VFW AND VFW FOUNDATION ON THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS | | | | | | |

| Supplemental Imormation | | | | | | | |
|-------------------------|---|--|--|--|--|--|--|
| Return Reference | Explanation | | | | | | |
| PART XII, LINE 2D | THE AMOUNT ON LINE 2D IS COMPRISED OF THE FOLLOWING AMOUNTS \$4,880,596 VFW FOUNDATION EXP ENSES INCLUDED IN THE CONSOL AUDITED F/S 792,795 RENTAL EXPENSES THAT ARE INCLUDED IN PAR T VIII, LINE 6B 3,582,798 COST OF GOODS SOLD THAT ARE INCLUDED ON PART VIII, LINE 10B (544 ,580)INVESTMENT MANAGEMENT FEES \$8,711,609 | | | | | | |

Supplemental Information

| supplemental Information | | | | | | | |
|--------------------------|---|--|--|--|--|--|--|
| Return Reference | Explanation | | | | | | |
| PART XII, LINE 4B | THIS REPRESENTS INTERCOMPANY ELIMINATIONS BETWEEN THE VFW AND VFW FOUNDATION ON THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS | | | | | | |

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493015008100 OMB No 1545-0047 SCHEDULE F Statement of Activities Outside the United States (Form 990) 2018 ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. **Open to Public** ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** VETERANS OF FOREIGN WARS OF THE UNITED STATES 44-0474290 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and 1 other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed) (a) Region (b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (d) is a (f) Total expenditures offices in the employees, agents, region (by type) (e.g., program service, describe for and investments and independent fundraising, program specific type of in region region contractors in services, investments, grants service(s) in region region to recipients located in the region) See Add'l Data 129,674 3a Sub-total b Total from continuation sheets to Part I c Totals (add lines 3a and 3b) n 129,674 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50082W

Schedule F (Form 990) 2018

| Schedule F (Form 990) 2018 | | | | | | | Page 2 | | |
|---|---|-------------------------|---|-----------------------------|---------------------------------------|---|--|--|--|
| Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. | | | | | | | | | |
| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) | |
| | l e | | VETERANS SERVICE AND DEPARTMENT AND POST ACTIVITIES | , <u> </u> | ELECTRONIC FUND TRANSFER | | | | |
| | | • | VETERANS SERVICE AND DEPARTMENT AND POST ACTIVITIES | , j | ELECTRONIC FUND TRANSFER | | | | |
| | | | | | | | | | |
| | | | | ! | | | | | |
| | | | above that are recognized has provided a sec | | | | • | 2 | |
| 3 Enter total numb ϵ | ar of other orç | janizations or entities | s | | | <u> ▶</u> | , | 0 | |

Schedule F (Form 990) 2018

| Schedule F (Form 990) 2018 | | | | | | | Page 3 |
|---------------------------------|---------------------|--------------------------|-----------------------------|------------------------------------|---|--|--|
| Part IIII Grants and Otl | | | | ed States. Complete r | f the organization ar | nswered "Yes" to Form 9 | 990, Part IV, line 16. |
| | duplicated if addit | | | T | 1 | | |
| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of non-cash assistance | (g) Description of non-cash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| Sche | dule F (Form 990) 2018 | | Page 4 |
|------|---|---------------|---------------|
| Par | t IV Foreign Forms | | |
| 1 | Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926) | Yes | ☑ No |
| 2 | Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990) | | |
| | | ☐ Yes | ✓ No |
| 3 | Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471) | | |
| | Corporations (See Instructions for Form 5471) | \square Yes | ✓ No |
| 4 | Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621) | ☐Yes | ✓ No |
| 5 | Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865) | | |
| | | ☐ Yes | ✓ No |
| 6 | Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form | | |
| | 5713, don't file with Form 990) | ☐ Yes | ✓ No |

| Schedule F (F | orm 990) 2018 Page 5 |
|---------------------|--|
| | Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions). |
| 990 Sched | ule F, Supplemental Information |
| Return Reference | Explanation |
| PART I, LINE 2 | AS DESCRIBED IN THE CORE FORM, PART III, PARAGRAPH 4(B) OF THE STATEMENT OF PROGRAM ACCOMPLISHMENTS, THIS ORGANIZATION PROVIDES GRANTS TO THE STATE ORGANIZATIONS, CALLED DEPARTMENTS, AND LOCAL ORGANIZATIONS, CALLED POSTS, TO HELP SUPPORT THE VETERAN SERVICE PROGRAMS AND OTHER VFW SPONSORED PROGRAMS AT THE STATE AND LOCAL LEVEL BECAUSE THE ORGANIZATION HAS MEMBERS LIVING OUTSIDE THE UNITED STATES, MANY OF WHOM ARE ON ACTIVE DUTY IN THE MILITARY OR ARE EMPLOYED BY THE U.S. GOVERNMENT IN OVERSEAS LOCATIONS, TWO OVERSEAS DEPARTMENTS AND SEVERAL POSTS HAVE BEEN ORGANIZED TO FACILITATE MEMBERS AND PROMOTE PROGRAMS IN THOSE AREAS THE GRANTS REFLECTED IN SCHEDULE F, PART I, ARE PRIMARILY GRANTS MADE TO THOSE OVERSEAS DEPARTMENTS TO FURTHER VFW PROGRAMS, INCLUDING MEMBERSHIP PROGRAMS AND VETERAN SERVICE SUPPORT IN THOSE AREAS PERIODIC FINANCIAL REPORTS ARE SUBMITTED BY THESE DEPARTMENTS IN ADDITION, SPECIFIC DOCUMENTATION MUST BE SUBMITTED TO JUSTIFY MOST GRANTS, INCLUDING THOSE RELATED TO MEMBERSHIP PROMOTION FINALLY, NATIONAL REPORTS PERIODICALLY, VISIT THESE DEPARTMENTS AND ORSERVE FIRSTHAND THE MANNER IN |

I NATIONAL REPRESENTATIVES PERIODICALLY VISIT THESE DEPARTMENTS AND OBSERVE FIRSTHAND THE MANNER IN WHICH FUNDS ARE EXPENDED IN ADDITION, GRANTS HAVE BEEN MADE TO POSTS IN THOSE AREAS IN MOST INSTANCES THOSE GRANTS WERE MADE TO SUPPORT ACTIVITIES RELATING TO ASSISTING ACTIVE DUTY MILITARY PERSONNEL AND THEIR FAMILIES APPLICATIONS FOR GRANTS MUST INCLUDE SPECIFIC EXPENSE INFORMATION AND RECEIPTS MUST BE PRODUCED TO VERIFY EXPENDITURES

990 Schedule F, Supplemental Information

| Return Reference | Explanation |
|------------------|--|
| PART I. LINE 3 | THE METHOD USED TO ACCOUNT FOR EXPENDITURES IS THE ACCRUAL BASIS |

Additional Data

EAST ASIA AND THE PACIFIC

Software ID: Software Version:

EIN: 44-0474290

Name: VETERANS OF FOREIGN WARS OF THE

UNITED STATES

VETERANS SERVICE AND

DEPARTMENT AND POST

IACTIVITIES

79,080

Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|-----------------------------------|---|--|--|---|--------------------------------------|
| CENTRAL AMERICA AND THE CARIBBEAN | 0 | | PROGRAM SERVICE GRANTS | VETERANS SERVICE AND DEPARTMENT AND POST ACTIVITIES | 1,226 |

0 PROGRAM SERVICE

GRANTS

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (e) If activity listed in (d) (f) Total expenditures (d) Activities conducted offices in the employees or ın region (by type) (ı e , is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) EUROPE 0 PROGRAM SERVICE 49.368 IVETERANS SERVICE AND IGRANTS DEPARTMENT AND POST **IACTIVITIES**

efile GRAPHIC print - DO NOT PROCESS

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury

As Filed Data -

DLN: 93493015008100

OMB No 1545-0047

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a ► Attach to Form 990 or Form 990-EZ.

Go to www irs gov/Form990 for instructions and the latest information

2018

Open to Public Inspection

| Inter | nal Revenue Service | ►Go to www ir: | s gov/For | m990 for i | nstructions and the latest info | ormation | Inspection |
|--|---|--|-------------------------|--|--|---|---|
| Name of the organization VETERANS OF FOREIGN WARS OF THE UNITED STATES | | | | | | Employer ide 44-0474290 | ntification number |
| Pa | | ivities.Complete if the sare not required to | _ | | answered "Yes" on For part. | m 990, Part IV, line 1 | .7. |
| 1 | Indicate whether the organ | | | | | all that apply | |
| а | ✓ Mail solicitations | | | e | Solicitation of non- | | |
| ь | ✓ Internet and email solid | itations | | f | Solicitation of gove | rnment grants | |
| С | ✓ Phone solicitations | | | q | Special fundraising | • | |
| d | ☐ In-person solicitations | | | _ | | | |
| 2 a | Did the organization have a or key employees listed in | a written or oral agreem Form 990, Part VII) or e | ent with entity in a | any indiv connectio | idual (including officers, on with professional fundra | | es 🗌 No |
| b | If "Yes," list the ten highes to be compensated at least | | | draisers) | pursuant to agreements (| under which the fundrais | er is |
| (i) | Name and address of individu or entity (fundraiser) | ıal (ii) Actıvıty | fundrai cust cont | i) Did iser have ody or trol of butions? | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col (i) | (vi) Amount paid to (or retained by) organization |
| | | FUNDRATOING | Yes | No | | | |
| | INNOVAIRRE STUDIOS INC 2 EXECUTIVE CAMPUS STE 2 | FUNDRAISING CONSULTING | | No | 61,424,415 | 981,281 | 60,443,134 |
| | CHERRY HILL, NJ 08002 | | | | | | |
| | SPECIALIST MARKETING SERVICES 777 TERRACE AVE 401 | INTERNET MARKETING | | No | 1,831,449 | 95,415 | 1,736,034 |
| | HASBROUCK HEIGHTS, NJ 07604 | | | | | | |
| | MDS COMMUNICATIONS 545 W JUANITA AVE | TELEMARKETING | | No | 305,157 | 203,187 | 101,970 |
| | MESA, AZ 85210 | TELEMA BUETTALC O | | | | | |
| | DONOR SERVICES GROUP 1200 WILSHIRE BLVD STE 6 | TELEMARKETING & PLANNED GIVING 50 LEAD GENERATION | | No | 0 | 10,743 | -10,743 |
| | LOS ANGELES, CA 90017 | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | - | | | | |
| | | | | | | | |
| | | | | | | | |
| Tota | al | | | • | 63,561,021 | 1,290,626 | 62,270,395 |

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or

AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY, DC

Cat No 50083H

| Sche | dule G (Form 990 or 990-EZ) 2018 | | | | | Р | Page 3 |
|------|---|--|---|------------------------------|-------------------------------------|---------------------|---------------|
| 11 | Does the organization conduct gaming | activities with nonmembers | 7 | | ☐Yes | □No | |
| 12 | Is the organization a grantor, beneficia formed to administer charitable gaming | | member of a partnership or other entity | | □Yes | Пио | |
| 13 | Indicate the percentage of gaming activ | vity conducted in | | | | | |
| а | The organization's facility | | | 13a | | | % |
| b | An outside facility | | | 13b | | | % |
| 14 | Enter the name and address of the per- | son who prepares the organ | nization's gaming/special events books and re | cords | | | |
| | Name | | | | | | |
| | Address • | | | | | | |
| 15a | Does the organization have a contract revenue? | with a third party from who | m the organization receives gaming | | □Yes | □No | |
| b | If "Yes," enter the amount of gaming reamount of gaming revenue retained by | · - | anization > \$ and the | 2 | | | |
| С | If "Yes," enter name and address of the | e third party | | | | | |
| | Name ▶ | | | | | | |
| | Address ► | | | | | | |
| 16 | Gaming manager information | | | | | | |
| | Name ▶ | | | | | | |
| | Gaming manager compensation ► \$ | | ··· | | | | |
| | Description of services provided ▶ | | | | | | |
| | ☐ Director/officer | ☐ Employee | ☐ Independent contractor | | | | |
| 17 | Mandatory distributions | | | | | | |
| а | Is the organization required under state retain the state gaming license? | e law to make charitable dis | stributions from the gaming proceeds to | | ☐Yes | Пы | |
| b | | red under state law distribu | ted to other exempt organizations or spent | | ∟ res | □ N0 | |
| | ın the organization's own exempt activi | | • | | | | |
| Pai | | | ons required by Part I, line 2b, columns icable. Also provide any additional infori | | | | s. |
| | Return Reference | | Explanation | | | | |
| SCHE | EDULE G, PART I, LINE 2B, COLUMN (V) | SERVICES FROM THE OTHE STUDIOS INC WAS PAID A WHICH INCLUDED THE PAY | DICES SPECIFICALLY BREAK OUT THE PROFES R REIMBURSABLE COSTS OF THE DIRECT MA TOTAL OF \$24,930,809 FOR THE FUNDRAIS: MENT FOR PRINTING, PAPER, ENVELOPES AN LY BROKEN-OUT AS FUNDRAISING MANAGEN | AIL PRO ING PR ID FULI | OGRAM INI OGRAM MA FILLMENT I | NOVAIRRI ANAGEME | |

Schedule G (Form 990 or 990-EZ) 2018

DLN: 93493015008100 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public ▶ Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Name of the organization Employer identification number VETERANS OF FOREIGN WARS OF THE 44-0474290 UNITED STATES Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization (book, FMV, appraisal, noncash assistance or assistance grant cash or government assistance other) (1) See Additional Data (5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2018

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Page **2**

Schedule I (Form 990) 2018

OFFICERS EDUCATIONAL ASSISTANCE AND TRAINING 12400 59,719 FMV CALLING CARDS (2) PHONE CARDS AND FREE "CALL DAYS" FOR MILITARY (3) SCHOLARSHIPS AND AWARDS 438 1,508,496 10 69.540 FMV (4) TRAVEL COSTS FOR VIETNAM TRIP

RETURN TRIP TO VIETNAM FOR PURPLE HEART AWARD RECIPIENTS (4) (5) (6)

(7) Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Part IV

Explanation

PERIODIC FINANCIAL REPORTS ARE SUBMITTED BY THESE DEPARTMENTS IN ADDITION, SPECIFIC DOCUMENTATION MUST BE SUBMITTED TO JUSTIFY MOST GRANTS, INCLUDING THOSE RELATED TO MEMBERSHIP PROMOTION FINALLY, NATIONAL REPRESENTATIVES PERIODICALLY VISIT THESE DEPARTMENTS AND

Return Reference PART I, LINE 2 OBSERVE FIRSTHAND THE MANNER IN WHICH FUNDS ARE EXPENDED IN ADDITION, GRANTS HAVE BEEN MADE TO POSTS IN THOSE DEPARTMENTS IN MOST INSTANCES THOSE GRANTS WERE MADE TO SUPPORT ACTIVITIES RELATING TO ASSISTING ACTIVE DUTY MILITARY PERSONNEL AND THEIR FAMILIES

APPLICATIONS FOR GRANTS MUST INCLUDE SPECIFIC EXPENSE INFORMATION AND RECEIPTS MUST BE PRODUCED TO VERIFY EXPENDITURES

SCHEDULE I, PART II, QUESTION 1 PURPOSE OF GRANT - AS DESCRIBED IN THE CORE FORM, PART III, PARAGRAPH 4(B) OF THE STATEMENT OF PROGRAM ACCOMPLISHMENTS, THIS ORGANIZATION PROVIDES GRANTS TO THE STATE ORGANIZATIONS. CALLED DEPARTMENTS. AND LOCAL ORGANIZATIONS. CALLED POSTS. TO HELP SUPPORT THE VETERAN (H) SERVICE PROGRAMS AND OTHER VFW SPONSORED PROGRAMS AT THE STATE AND LOCAL LEVEL. THE GRANTS REFLECTED IN SCHEDULE I, PART II, ARE PRIMARILY GRANTS MADE TO THOSE DEPARTMENTS AND POSTS TO FURTHER VFW PROGRAMS, INCLUDING MEMBERSHIP PROGRAMS AND VETERAN SERVICE SUPPORT IN

Additional Data

VFW DEPARTMENT OF

500 E PARK AVE

WASILLA, AK 85251

1231 CARMICHAEL WAY

MONTGOMERY, AL 36123

VFW DEPARTMENT OF ALASKA

ALABAMA

Software ID: **Software Version:**

63-0243614

92-0017695

EIN: 44-0474290 Name: VETERANS OF FOREIGN WARS OF THE

UNITED STATES

81,211

43,216

| i orini 330/Senedane 1/ i are | zz/ Grants and | Other Assistance to | bonnesae organiza | cionis ana Bonnesc | C GOVCIIIIICIICOI |
|-------------------------------|----------------|---------------------|--------------------|--------------------|-------------------------|
| (a) Name and address of | (b) EIN | (c) IRC section | (d) Amount of cash | (e) Amount of non- | (f) Method of valuation |

| organization | ıf applicable | grant | cash | (book, FMV, appraisal, |
|---------------|-------------------|-------|------------|------------------------|
| or government | | | assistance | other) |
| | | | | |

| or government | '' | assistance | other) |
|---------------|----|------------|--------|
| | | | |
| | | | |

(C)(19)

(C)(19)

| חכ | (a) Amount or cash | (e) Amount of non- | (1) Method of Valuation |
|----|--------------------|--------------------|-------------------------|
| | grant | cash | (book, FMV, appraisa |
| | | assistance | other) |
| | | | |

| Form 990,Schedule I, Part | II, Grants and | Other Assistance to | o Domestic Organiza | tions and Domest | ic Governments. | | |
|---------------------------|----------------|---------------------|---------------------|--------------------|-------------------------|--------------------|--------|
| (a) Name and address of | (b) EIN | (c) IRC section | (d) Amount of cash | (e) Amount of non- | (f) Method of valuation | (g) Description of | (h) Pu |

Purpose of grant or assistance non-cash assistance

COMMUNITY SERVICE &

VETERANS SERVICE,

COMMUNITY SERVICE &

DEPARTMENT AND POST

VETERANS SERVICE,

ACTIVITIES

DEPARTMENT AND POST

ACTIVITIES

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance

DEPARTMENT AND POST

ACTIVITIES

| VFW DEPARTMENT OF | 86-0076886 | (C)(19) | 156,921 | | VETERANS SERVICE, |
|-------------------|------------|---------|---------|--|---------------------|
| ARIZONA | | | | | COMMUNITY SERVICE & |
| 6423 S ASH AVE | | | | | DEPARTMENT AND POST |
| TEMPE, AZ 85283 | | | | | ACTIVITIES |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

ARKANSAS

4210 EAST KIEHL AVE

SHERWOOD, AR 72120

VFW DEPARTMENT OF 71-0184020 (C)(19) 64.991 VETERANS SERVICE.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(0)/40)

(C)(19)

04 0055040

84-0360493

| VEW DEPARTMENT OF | 94-0955210 | (C)(19) | 631,640 | | IVETERANS SERVICE, |
|---------------------------|------------|---------|---------|--|---------------------|
| CALIFORNIA | | | · | | COMMUNITY SERVICE & |
| 9136 ELK GROVE BLVD SUITE | | | | | DEPARTMENT AND POST |
| 100 | | | | | ACTIVITIES |
| ELK GROVE, CA 95624 | | | | | 1 |

VETERANS SERVICE,

ACTIVITIES

COMMUNITY SERVICE &

IDEPARTMENT AND POST

C24 C40

113,033

VFW DEPARTMENT OF

LAKEWOOD, CO 80214

COLORADO

1400 CARR ST

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(C)(4)

| VFW DEPARTMENT OF | 06-0575593 | (C)(4) | 112,941 | | VETERANS SERVICE, |
|---------------------|------------|--------|---------|--|---------------------|
| CONNECTICUT | | | · | | COMMUNITY SERVICE & |
| PO BOX 429 | | | | | DEPARTMENT AND POST |
| ROCKY HILL CT 06067 | | | | | ACTIVITIES |

VETERANS SERVICE.

ACTIVITIES

COMMUNITY SERVICE &

DEPARTMENT AND POST

51.889

WILMINGTOM, DE 19804

VFW DEPARTMENT OF

6 BROOKSIDE DR

DELEWARE

51-0057830

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance

DEPARTMENT AND POST

ACTIVITIES

| VFW DEPARTMENT OF | 59-0494095 | (C)(19) | 371,617 | | VETERANS SERVICE, |
|-------------------|------------|---------|---------|--|---------------------|
| FLORIDA | | | | | COMMUNITY SERVICE & |
| 543 SANCHEZ AVE | | | | | DEPARTMENT AND POST |
| OCALA, FL 34470 | | | | | ACTIVITIES |

58-0512677 (C)(19) 113.510 VFW DEPARTMENT OF VETERANS SERVICE.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

GEORGIA

PO BOX 3025

MACON, GA 31205

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization arant cash or assistance or aovernment assistance other) VEW DEPARTMENT OF HAWAII 99-0040331 (C)(19) 48.213 VETERANS SERVICE. 438 HOBRON LN ICOMMUNITY SERVICE & DEPARTMENT AND POST

DEPARTMENT AND POST

ACTIVITIES

HONULULU, HI 96815

Form 990. Schedule I. Part II. Grants and Other Assistance to Domestic Organizations and Domestic Governments.

BOISE, ID 83705

ACTIVITIES VFW DEPARTMENT OF IDAHO 82-0182104 (C)(19) 37.681

VETERANS SERVICE. 1425 S ROOSEVELT ST COMMUNITY SERVICE &

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance ERANS SERVICE.

DEPARTMENT AND POST

ACTIVITIES

| VFW DEPARTMENT OF | 36-1911490 | (C)(19) | 328,234 | | 1 | VETERANS SERVICE, |
|-----------------------|------------|---------|---------|--|---|---------------------|
| ILLINOIS | | | | | I | COMMUNITY SERVICE & |
| 3300 CONSTITUTION DR | | | | | | DEPARTMENT AND POST |
| SPRINGFIELD, IL 62791 | | | | | | ACTIVITIES |
| | | | | | | |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

INDIANA

9555 F 59TH ST

INDIANAPOLIS, IN 46216

ARTMENT AND POST VITIES 35-6042820 (C)(19) 176.193 VETERANS SERVICE. VFW DEPARTMENT OF

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization arant cash or assistance or aovernment assistance other) 42-0331186 (C)(19) 101.994 VEW DEPARTMENT OF TOWA VETERANS SERVICE. 3601 BEAVER AVE ICOMMUNITY SERVICE & DEPARTMENT AND POST

ACTIVITIES

ACTIVITIES

VETERANS SERVICE.

COMMUNITY SERVICE &

DEPARTMENT AND POST

DES MOINES, IA 50310

VFW DEPARTMENT OF KANSAS 48-0641005 (C)(19) 102,990

115 SW GAGE BLVD

TOPEKA, KS 66606

Form 990. Schedule I. Part II. Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance

DEPARTMENT AND POST

ACTIVITIES

| VFW DEPARTMENT OF | 61-0406448 | (C)(19) | 88,219 | | VETERANS SERVICE, |
|----------------------|------------|---------|--------|--|---------------------|
| KENTUCKY | | | | | COMMUNITY SERVICE & |
| 3031 POPLAR LEVEL RD | | | | | DEPARTMENT AND POST |
| LOUISVILLE, KY 40217 | | | | | ACTIVITIES |

72-0499659 (C)(19) 61.192 VFW DEPARTMENT OF VETERANS SERVICE.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

LOUISIANA

10185 MAMMOTH AVE

BATON ROUGE, LA 70814

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance VICE.

DEPARTMENT AND POST

ACTIVITIES

| VFW DEPARTMENT OF MAINE | 01-0191822 | (C)(19) | 61,164 | | VETERANS SERVICE, |
|-------------------------|------------|---------|--------|--|---------------------|
| 64 WASHBURN ST | | | | | COMMUNITY SERVICE & |
| CARIBOU, ME 04736 | | | | | DEPARTMENT AND POST |
| · | | | | | ACTIVITIES |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

101 N GAY ST

BALTIMORE, MD 21202

VFW DEPARTMENT OF

AND POST 52-0517415 (C)(19) 149.388 VETERANS SERVICE. MARYLAND COMMUNITY SERVICE &

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance

DEPARTMENT AND POST

ACTIVITIES

| VFW DEPARTMENT OF | 04-1242419 | (C)(19) | 191,931 | | VETERANS SERVICE, |
|-------------------|------------|---------|---------|--|---------------------|
| MASSACHUSETTS | | | | | COMMUNITY SERVICE & |
| 24 BEACON ST | | | | | DEPARTMENT AND POST |
| BOSTON, MA 02133 | | | | | ACTIVITIES |

38-1133442 (C)(19) 281,214 VFW DEPARTMENT OF VETERANS SERVICE.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

MICHIGAN

924 N WASHINGTON AVE

LANSING, MI 48906

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance

DEPARTMENT AND POST

ACTIVITIES

| VFW DEPARTMENT OF | 41-0593068 | (C)(19) | 188,588 | | VETERANS SERVICE, |
|-------------------|------------|---------|---------|--|---------------------|
| MINNESOTA | | | | | COMMUNITY SERVICE & |
| 20 W 12TH ST | | | | | DEPARTMENT AND POST |
| ST PAUL, MN 55155 | | | | | ACTIVITIES |

64-0275576 (C)(4)39.720 VFW DEPARTMENT OF VETERANS SERVICE.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

MISSISSIPPI

120 N STATE ST

JACKSON, MS 39201

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance

DEPARTMENT AND POST

ACTIVITIES

| VFW DEPARTMENT OF | 44-0515305 | (C)(19) | 192,366 | | VETERANS SERVICE, |
|--------------------------|------------|---------|---------|--|---------------------|
| MISSOURI | | | | | COMMUNITY SERVICE 8 |
| 3401 KNIPP DR | | | | | DEPARTMENT AND POS |
| JEFFERSON CITY, MO 65109 | | | | | ACTIVITIES |

81-0225542 (C)(4) 47.761 VETERANS SERVICE. VFW DEPARTMENT OF

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

MONTANA

1956 MT MAJO ST

FT HARRISON, MT 59636

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance (C)(19) 78.721 VFW DEPARTMENT OF 47-0343845 VETERANS SERVICE. COMMUNITY SERVICE &

ACTIVITIES

COMMUNITY SERVICE &

IDEPARTMENT AND POST

NEBRASKA 2431 N 48TH ST DEPARTMENT AND POST LINCOLN. NE 68504 ACTIVITIES

VFW DEPARTMENT OF NEVADA 88-0055900 (C)(19) 66.478 951 D AVE N

BEATTY, NV 89003

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance

ACTIVITIES

COMMUNITY SERVICE &

DEPARTMENT AND POST

| VFW DEPARTMENT OF NEW | 02-0213632 | (C)(19) | 60,243 | | VETERANS SERVICE, |
|-----------------------|------------|---------|--------|--|---------------------|
| HAMPSHIRE | | | | | COMMUNITY SERVICE & |
| 158 LIBERTY ST | | | | | DEPARTMENT AND POST |
| CONCORD, NH 03301 | | | | | ACTIVITIES |

225.928

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(C)(19)

21-0586655

VFW DEPARTMENT OF NEW

171 JERSEY ST BLDG 5

TRENTON, NJ 08611

JERSEY

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance

ACTIVITIES

COMMUNITY SERVICE &

DEPARTMENT AND POST

| VFW DEPARTMENT OF NEW | 85-0123009 | (C)(19) | 65,093 | | VETERANS SERVICE, |
|-------------------------|------------|---------|--------|--|--------------------|
| MEXICO | | | | | COMMUNITY SERVICE |
| PO BOX 1084 | | | | | DEPARTMENT AND POS |
| RUIDOSO DOWNS, NM 88346 | | | | | ACTIVITIES |

355,692

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(C)(19)

VFW DEPARTMENT OF NEW

69 SAND CREEK RD

ALBANY, NY 12205

YORK

13-1436995

(b) EIN (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance

(e) Amount of non-

(f) Method of valuation

VETERANS SERVICE.

ACTIVITIES

COMMUNITY SERVICE &

IDEPARTMENT AND POST

| VFW DEPARTMENT OF NORTH | 56-0470953 | (C)(19) | 214,640 | | VETERANS SERVICE, |
|-------------------------|------------|---------|---------|--|---------------------|
| CAROLINA | | | | | COMMUNITY SERVICE 8 |
| 917 NEW BERN AVE | | | | | DEPARTMENT AND POS |
| RALFIGH NC 27611 | | | | | ACTIVITIES |

50.358

(d) Amount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(C)(19)

(c) IRC section

45-0215848

(a) Name and address of

VFW DEPARTMENT OF NORTH

1232 GOLDENWOOD DR

WEST FARGO, ND 58078

DAKOTA

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance VETERANS SERVICE.

IDEPARTMENT AND POST

ACTIVITIES

VFW DEPARTMENT OF OHIO
31-4332217
35 E CHESTNUT ST
COLUMBUS, OH 43215

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1103 N BLACKWELDER AVE

OKLAHOMA CITY, OK 73106

COLUMBUS, OH 43215

VFW DEPARTMENT OF 73-0496245 (C)(19) 96,390

VETERANS SERVICE, COMMUNITY SERVICE & COM

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(C)(4)

23-1182480

VFW DEPARTMENT OF PENNSYLVANIA

HARRISBURG, PA 17109

4002 FENTON AVE

| VFW DEPARTMENT OF | 93-0304245 | (C)(19) | 104,335 | | VETERANS SERVICE, |
|--------------------|------------|---------|---------|--|---------------------|
| OREGON | | | | | COMMUNITY SERVICE 8 |
| 12440 NE HALSEY ST | | | | | DEPARTMENT AND POST |
| PORTLAND, OR 97230 | | | | | ACTIVITIES |

VETERANS SERVICE.

ACTIVITIES

COMMUNITY SERVICE &

DEPARTMENT AND POST

477.381

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance

| VFW DEPARTMENT OF RHODE | 05-0254985 | (C)(19) | 46,280 | | VETERANS SERVICE, |
|-------------------------|------------|---------|--------|--|---------------------|
| ISLAND | | | | | COMMUNITY SERVICE & |
| 1 CAPITOL HILL | | | | | DEPARTMENT AND POST |
| PROVIDENCE, RI 02908 | | | | | ACTIVITIES |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

210 GLASSMASTER RD

LEXINGTON, SC 29072

ID POST

VFW DEPARTMENT OF SOUTH 57-0279614 (C)(4)86.379 VETERANS SERVICE. CAROLINA COMMUNITY SERVICE &

DEPARTMENT AND POST

ACTIVITIES

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance

ACTIVITIES

COMMUNITY SERVICE &

DEPARTMENT AND POST

| VFW DEPARTMENT OF SOUTH | 46-0210486 | (C)(4) | 34,766 | | VETERANS SERVICE, |
|-------------------------|------------|--------|--------|--|---------------------|
| DAKOTA | | | · · | | COMMUNITY SERVICE & |
| 5009 W 12TH ST SUITE 6A | | | | | DEPARTMENT AND POST |
| STOLIX FALLS SD 57106 | | | | | ACTIVITIES |

67.818

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(C)(19)

VFW DEPARTMENT OF

301 6TH AVE NASHVILLE

NASHVILLE, TN 37243

TENNESSEE

62-6050445

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization arant cash or assistance or aovernment assistance other) VEW DEPARTMENT OF TEXAS 74-0964465 (C)(19) 385.565 VETERANS SERVICE. ICOMMUNITY SERVICE &

DEPARTMENT AND POST

ACTIVITIES

8503 NORTH IH-35 AUSTIN. TX 78753

Form 990. Schedule I. Part II. Grants and Other Assistance to Domestic Organizations and Domestic Governments.

NORTH OGDEN, UT 84414

DEPARTMENT AND POST ACTIVITIES 87-0200672 (C)(19) 50.877 VETERANS SERVICE. VEW DEPARTMENT OF UTAH 3394 N 1000 E COMMUNITY SERVICE &

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance

DEPARTMENT AND POST

ACTIVITIES

| VFW DEPARTMENT OF | 03-0179180 | (C)(19) | 50,826 | | VETERANS SERVICE, |
|---------------------|------------|---------|--------|--|---------------------|
| VERMONT | | | | | COMMUNITY SERVICE & |
| PO BOX 1248 | | | | | DEPARTMENT AND POST |
| MONTPELIER VT 05601 | | | | | ACTIVITIES |

54-0449022 (C)(19) 199.561 VETERANS SERVICE. VFW DEPARTMENT OF

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

VIRGINIA

403 LEE JACKSON HWY

STAUNTON, VA 24401

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance

ACTIVITIES

COMMUNITY SERVICE &

DEPARTMENT AND POST

| VFW DEPARTMENT OF | 91-0454080 | (C)(19) | 204,587 | | VETERANS SERVICE, |
|--------------------|------------|---------|---------|--|---------------------|
| WASHINGTON | | | | | COMMUNITY SERVICE & |
| 5213 PACIFIC HWY E | | | | | DEPARTMENT AND POST |
| FIFE, WA 98424 | | | | | ACTIVITIES |

46.115

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(C)(19)

VFW DEPARTMENT OF WEST

5532 MACCORKLE AVE SW

S CHARLESTON, WV 25309

VIRGINIA

55-0320759

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance

DEPARTMENT AND POST

ACTIVITIES

| VFW DEPARTMENT OF | 39-0677613 | (C)(19) | 204,684 | | VETERANS SERVICE, |
|--------------------|------------|---------|---------|--|---------------------|
| WISCONSIN | | | | | COMMUNITY SERVICE 8 |
| 4622 DUTCH MILL RD | | | | | DEPARTMENT AND POS |
| MADISON, WI 53716 | | | | | ACTIVITIES |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

7534 ROBIN DR

CHEYENNE, WY 82009

| MADISON, WI 53716 | | | | | ACTIVITIES |
|------------------------------|------------|---------|--------|--|--|
| VFW DEPARTMENT OF WYOMING | 83-6005906 | (C)(19) | 46,705 | | VETERANS SERVICE, COMMUNITY SERVICE & |

(b) EIN (c) IRC section (d) Amount of cash (f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance

(e) Amount of non-

VETERANS SERVICE.

ACTIVITIES

COMMUNITY SERVICE &

DEPARTMENT AND POST

| VFW AUXILIARY DEPARTMENT | 63-0695811 | (C)(19) | 6,140 | | VETERANS SERVICE, |
|--------------------------|------------|---------|-------|--|---------------------|
| OF ALABAMA | | | | | COMMUNITY SERVICE 8 |
| 13230 ALABAMA ST | | | | | DEPARTMENT AND POST |
| ELBERTA, AL 36530 | | | | | ACTIVITIES |

9.834

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(C)(19)

(a) Name and address of

VFW AUXILIARY DEPARTMENT

OF ARIZONA

5630 S 41ST WAY

PHOENIX, AZ 85040

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance

COMMUNITY SERVICE &

DEPARTMENT AND POST

ACTIVITIES

| VFW AUXILIARY DEPARTMENT | 94-1011531 | (C)(19) | 38,469 | | VETERANS SERVICE, |
|--------------------------|------------|---------|--------|--|---------------------|
| OF CALIFORNIA | | | | | COMMUNITY SERVICE & |
| 3100 FITE CIRCLE | | | | | DEPARTMENT AND POST |
| SACRAMENTO, CA 95827 | | | | | ACTIVITIES |

VFW AUXILIARY DEPARTMENT 84-6033115 (C)(19) 11.353 VETERANS SERVICE.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

OF COLORADO

SOUTH FORK, CO 81154

PO BOX 262

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance

ACTIVITIES

COMMUNITY SERVICE &

IDEPARTMENT AND POST

| VFW AUXILIARY DEPARTMENT | 23-7326563 | (C)(19) | 14,521 | | VETERANS SERVICE, |
|--------------------------|------------|---------|--------|--|---------------------|
| OF FLORIDA | | | | | COMMUNITY SERVICE 8 |
| PO BOX 773490 | | | | | DEPARTMENT AND POS |
| OCALA FL 34477 | | | | | ACTIVITIES |

20.686

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(C)(19)

VFW AUXILIARY DEPARTMENT

AROMA PARK, IL 60910

OF ILLINOIS

PO BOX 62

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance

ACTIVITIES

COMMUNITY SERVICE &

DEPARTMENT AND POST

| VFW AUXILIARY DEPARTMENT | 35-6042937 | (C)(19) | 11,724 | | VETERANS SERVICE, |
|--------------------------|------------|---------|--------|--|---------------------|
| OF INDIANA | | | | | COMMUNITY SERVICE & |
| PO BOX 86 | | | | | DEPARTMENT AND POST |
| MORRIS, IN 47033 | | | | | ACTIVITIES |

5.164

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(C)(19)

MORRIS, IN 47033

OF IOWA

1812 19TH ST

HARLAN, IA 51537

VFW AUXILIARY DEPARTMENT

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance

ACTIVITIES

COMMUNITY SERVICE &

DEPARTMENT AND POST

| VFW AUXILIARY DEPARTMENT | 48-0507090 | (C)(19) | 12,908 | | VETERANS SERVICE, |
|--------------------------|------------|---------|--------|--|---------------------|
| OF KANSAS | | | | | COMMUNITY SERVICE & |
| PO BOX 158 | | | | | DEPARTMENT AND POST |
| OSWEGO, KS 67356 | | | | | ACTIVITIES |

VFW AUXILIARY DEPARTMENT 52-1407051 (C)(19) 9.818

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

OF MARYLAND

26595 BLUE JAY LN

HEBRON, MD 21830

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance

COMMUNITY SERVICE &

DEPARTMENT AND POST

ACTIVITIES

| VFW AUXILIARY DEPARTMENT | 41-0664094 | (C)(19) | 25,453 | VETERANS SERVICE, |
|--------------------------|------------|---------|--------|---------------------|
| OF MINNESOTA | | | | COMMUNITY SERVICE & |
| 25733 JASON AVE | | | | DEPARTMENT AND POST |
| CHISAGO CITY MN 55013 | | | | l lactivities |

VFW AUXILIARY DEPARTMENT 23-7203133 (C)(19) 10.628 VETERANS SERVICE.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

OF MISSOURI

2189 FOREST LANE

ARNOLD, MO 63010

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance or government other) assistance

| VFW AUXILIARY DEPARTMENT | 47-6028250 | (C)(19) | 7,260 | | VETERANS SERVICE, |
|--------------------------|------------|---------|-------|--|---------------------|
| OF NEBRASKA | | | | | COMMUNITY SERVICE 8 |
| 311 OAK ST | | | | | DEPARTMENT AND POS |
| CTEINALIED NE COAA1 | | | | | ACTIVITIES |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

OF NEW JERSEY

NORTH BERGEN, NJ 07047

1224 81ST ST

| OF NEBRASKA | | | | | COMMUNITY SERVICE & |
|--------------------------|------------|---------|-------|--|---------------------|
| 311 OAK ST | | | | | DEPARTMENT AND POST |
| STEINAUER, NE 68441 | | | | | ACTIVITIES |
| VFW AUXILIARY DEPARTMENT | 22-3086413 | (C)(19) | 9.110 | | VETERANS SERVICE. |

COMMUNITY SERVICE &

DEPARTMENT AND POST

ACTIVITIES

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance

ACTIVITIES

COMMUNITY SERVICE &

DEPARTMENT AND POST

| VFW AUXILIARY DEPARTMENT | 14-1682753 | (C)(19) | 18,559 | VETERANS SERVICE, |
|--------------------------|------------|---------|--------|---------------------|
| OF NEW YORK | | | | COMMUNITY SERVICE & |
| 1044 BROADWAY | | | | DEPARTMENT AND POST |
| ALBANY, NY 12204 | | | | ACTIVITIES |

9.384

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(C)(19)

VFW AUXILIARY DEPARTMENT

OF NORTH CAROLINA

BETHEL, NC 27812

PO BOX 716

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance

DEPARTMENT AND POST

ACTIVITIES

| VFW AUXILIARY DEPARTMENT | 73-6096027 | (C)(19) | 5,631 | | VETERANS SERVICE, |
|--------------------------|------------|---------|-------|--|---------------------|
| OF OKLAHOMA | | | | | COMMUNITY SERVICE & |
| PO BOX 95726 | | | | | DEPARTMENT AND POST |
| OKLAHOMA CITY, OK 73143 | | | | | ACTIVITIES |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PO BOX 1134

MEDFORD, OR 97501

VFW AUXILIARY DEPARTMENT 93-6025794 (C)(19) 6.538 VETERANS SERVICE. OF OREGON COMMUNITY SERVICE &

(e) Amount of non-(q) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance

(f) Method of valuation

VETERANS SERVICE.

ACTIVITIES

COMMUNITY SERVICE &

DEPARTMENT AND POST

| VFW AUXILIARY DEPARTMENT | 23-1642712 | (C)(4) | 19,708 | | VETERANS SERVICE, |
|--------------------------|------------|--------|--------|--|---------------------|
| OF PENNSYLVANIA | | | | | COMMUNITY SERVICE & |
| 4002 FENTON AVE | | | | | DEPARTMENT AND POST |
| HARRISBURG. PA 17109 | | | | | ACTIVITIES |

18.576

(d) Amount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(C)(19)

(c) IRC section

(a) Name and address of

VFW AUXILIARY DEPARTMENT

CORPUS CHRISTI, TX 78410

2839 MCKINZIE RD 1

OF TEXAS

(b) EIN

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance

ACTIVITIES

COMMUNITY SERVICE &

DEPARTMENT AND POST

| VFW AUXILIARY DEPARTMENT | 54-0697456 | (C)(19) | 7,637 | | VETERANS SERVICE, |
|--------------------------|------------|---------|-------|--|---------------------|
| OF VIRGINIA | | | | | COMMUNITY SERVICE & |
| 539 WESTWOOD DR | | | | | DEPARTMENT AND POST |
| RICKERSVILLE, VA 29968 | | | | | ACTIVITIES |

11.699

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(C)(19)

VFW AUXILIARY DEPARTMENT

OF WASHINGTON

FIFE, WA 98424

5213 PACIFIC HWY E

(b) EIN (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance

(e) Amount of non-

(f) Method of valuation

VETERANS SERVICE.

ACTIVITIES

COMMUNITY SERVICE &

DEPARTMENT AND POST

| VFW AUXILIARY DEPARTMENT | 55-601/166 | (C)(19) | 5,282 | | VETERANS SERVICE, |
|--------------------------|------------|---------|-------|--|---------------------|
| OF WEST VIRGINIA | | | | | COMMUNITY SERVICE & |
| 740 LOWER DONNALLY RD | | | | | DEPARTMENT AND POST |
| CHARLESTON, WV 25304 | | | | | ACTIVITIES |

21.329

(d) Amount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(C)(19)

(c) IRC section

39-6056026

(a) Name and address of

VFW AUXILIARY DEPARTMENT

SILVER LAKE, WI 16275

OF WISCONSIN

PO BOX 666

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance VEW ALIVERTARY MATTONIAL 44 0210070 (0)(10) 120 421 LYETERANG CERVICE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

610 S BOULEVARD TAMPA, FL 33606

| HEADQUARTERS 406 WEST 34TH ST KANSAS CITY, MO 64111 | 44-0319970 | (C)(19) | 139,421 | | COMMUNITY SERVICE & DEPARTMENT AND POST ACTIVITIES |
|---|------------|---------|---------|--|--|
| BRIGHTER FUTURE FLORIDA | 81-5264185 | (C)(3) | 5,000 | | VETERANS SERVICE ACTIVITIES |

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance CHILDREN'S MERCY HOSPTIAL 44-0605373 (C)(3)25,000 VETERANS SERVICE

| 2401 GILLHAM RD KANSAS CITY, MO 64108 | | | | | | ACTIVITIES |
|---|------------|--------|--------|--|---|--------------------------------|
| CHISHOLM TRAIL COMMUNITIES FOUNDATION 116 WEST 8TH ST | 74-2786718 | (C)(3) | 10,000 | | I | VETERANS SERVICE ACTIVITIES |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

GEORGETOWN, TX 78626

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 23-1657857 (C)(3)5.000 IVETERANS SERVICE FREEDOMS FOUNDATION AT ACTIVITIES

 VALLEY FORGE
 ACTIVITIES

 PO BOX 67
 VALLEY FORGE, PA 19481

 HILLVETS FOUNDATION
 47-3616097
 (C)(3)
 10,000
 VETERANS SERVICE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

625 N WASHINGTO ST 425

ALEXANDRIA, VA 22314

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 02-1909440 20,000 IMWRF - WHITE SANDS VETERANS SERVICE

| LIBERTY MEMORIAL | 43-6052673 | (C)(3) | 10,000 | | VETERANS SERVICE |
|---|------------|--------|--------|--|------------------|
| MISSILE RANGE F&MWR PO BOX 400 WHITE SANDS MISSLE RAN, NM 88002 | | | | | ACTIVITIES |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

ASSOCIATION

2 MEMORIAL DRIVE KANSAS CITY, MO 64108

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance MINNESOTA WARRIORS 32-0331684 (C)(3)12.000 VETERANS SERVICE LICCKEY ACTIVITIES

| 1413 THOMPSON AVE SUITE 3 SOUTH SAINT PAUL, MN 55075 | | | | | ACTIVITIES |
|--|------------|--------|-------|--|------------------|
| PARK UNIVERSITY | 44-0562048 | (C)(3) | 5,000 | | VETERANS SERVICE |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

8700 NW RIVER PARK DR

PARKVILLE, MO 64152

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 26-0086305 (C)(3)15,000 SEMPER FI FUND VETERANS SERVICE DOE COLLECT DLVD 100 ACTIVITIES

| OCEANSIDE, CA 92057 | | | | | ACTIVITIES |
|--|------------|--------|-------|--|--------------------------------|
| TEAM RUBICON 6171 W CENTURY BLVD SUITE 310 | 27-1720480 | (C)(3) | 5,000 | | VETERANS SERVICI ACTIVITIES |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

LAS ANGELES, CA 90045

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 72-1438083 (C)(19) 5.000 IVETERANS SERVICE VIETNAM WOMEN VETERANS

10185 MAMMOTH AVE
BATON ROUGE, LA 70814

WAR HORSES FOR VETERANS
INC
PO BOX 363

ACTIVITIES

ACTIVITIES

VETERANS SERVICE
ACTIVITIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

STILWELL, KS 66085

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 38-1359597 (C)(3)85.909 VEW NATIOANI HOME IVETERANS SERVICE 3573 WAVERLY RD S ACTIVITIES

LACTIVITIES

5.868

EATON RAPIDS, MI 48827

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(C)(19)

VFW POST 10047

4337 N LAS VEGAS BLVD

LAS VEGAS, NV 89115

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

| VFW POST 144 20 STANDISH RD ATTLEBORO, MA 02703 | 04-6126822 | (C)(19) | 5,000 | | 1 | VETERANS SERVICE ACTIVITIES |
|---|------------|---------|-------|--|---|--------------------------------|
| | | | | | | |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

4342 W AVE I

QUARTZ HILL, CA 93536

TES VFW POST 3000 95-3149300 (C)(19) 5,000 VETERANS SERVICE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance ANS SERVICE

| VFW POST 3396 PO BOX 3659 SPARKS, NV 89432 | 23-7292971 | (C)(19) | 8,000 | | VETERA! ACTIVIT |
|--|------------|---------|-------|--|--------------------|
| | | | | | |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

7220 E WILSHIRE DR SCOTTSDALE, AZ 85257

TIES VFW POST 3513 86-0227444 (C)(19) 9.800 VETERANS SERVICE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance VFW POST 4103 23-7143384 (C)(19) 6.250 VETERANS SERVICE TIES

| VEW DOCT 410F | E1 0146606 | (C)(10) | 0.305 | | VETERAN |
|--|------------|---------|-------|--|----------|
| 2171 JUNIPERO SERRA BLVD 520 DALY CITY, CA 94014 | | | | | ACTIVITI |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

56 NE D HIGHWAY

KNOB NOSTER, MO 65336

VETERANS SERVICE VFW POST 4195 51-0146606 (C)(19)| 8,385

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance FRANS SERVICE

ACTIVITIES

| FRIENDSWOOD, TX 77089 |
|-----------------------|
|-----------------------|

16.199

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(C)(19)

VFW POST 6786

114 DEWEY AVE

EUREKA, MT 59917

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance VFW POST 688 74-1907018 (C)(19) 5.000 IVETERANS SERVICE ACTIVITIES

LACTIVITIES

17,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(C)(19)

PO BOX 688 BOERNE, TX 78006

RIVERVIEW, FL 33568

PO BOX 2513

(a) Name and address of (c) IRC section (d) Amount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant (b) EIN organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

VFW POST 8577 74-1595540 (C)(19) 5,700 VETERANS AVE VETERANS AVE ACTIVITIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

COPPERAS COVE, TX 76522

| efil | e GRAPHIC pi | rint - DO NOT PROCESS | As Filed Data | a - | DLN: 934 | 19301 | 5008 | 100 |
|-------|---|--|------------------|--|-------------------------|------------|---------|------|
| Sch | edule J | Coi | mpensati | ion Information | 40 | 1B No | 1545-0 | 0047 |
| (For | n 990) | For certain Officers | | rustees, Key Employees, and Hig | hest | <u> </u> | 1 (| |
| | | ► Complete if the orga | nization answ | ated Employees vered "Yes" on Form 990, Part IV | , line 23. | Z U | 18 | 5 |
| Depar | tment of the Treasury | ► Go to <u>www.irs.gov</u> | | ito Form 990. instructions and the latest inforr | mation. | pen i | o Pul | olic |
| | al Revenue Service ne of the organiz | ation | | | Employer identificat | | ectio | |
| VET | ERANS OF FOREIGN TED STATES | | | | | ion ne | illibei | |
| | | ons Regarding Compensati | on | | 44-0474290 | | | |
| | Questi. | ons Regulating Compensati | | | | | Yes | No |
| 1a | | | | the following to or for a person liste y relevant information regarding the | | | | |
| | | s or charter travel | | Housing allowance or residence for | personal use | | | |
| | _ | companions | 님 | Payments for business use of perso | | | | |
| | | nification and gross-up payments | 님 | Health or social club dues or initiation | | | | |
| | ☐ Discretion | nary spending account | | Personal services (e g , maid, chaut | ffeur, chef) | | | |
| b | | xes in line 1a are checked, did the all of the expenses described abov | | ollow a written policy regarding payn iplete Part III to explain | nent or reimbursement | 1b | Yes | |
| 2 | | | | or allowing expenses incurred by all r, regarding the items checked in line | . 1.2 | 2 | Yes | |
| | directors, truste | es, officers, including the CEO/Ex | ecutive Director | r, regarding the items checked in line | e Ia' | | | |
| 3 | | if any, of the following the filing o EO/Executive Director Check all t | | ed to establish the compensation of the | he | | | |
| | _ | • | | CEO/Executive Director, but explain i | ın Part III | | | |
| | Compens: | ation committee | П | Written employment contract | | | | |
| | | ent compensation consultant | | Compensation survey or study | | | | |
| | | of other organizations | \checkmark | Approval by the board or compensa | ition committee | | | |
| 4 | During the year related organiza | | 00, Part VII, Se | ction A, line 1a, with respect to the f | iling organization or a | | | |
| а | Receive a sever | ance payment or change-of-contro | ol pavment? | | | 4a | Yes | |
| b | | r receive payment from, a suppler | | ified retirement plan? | | 4b | | No |
| c | Participate in, o | r receive payment from, an equity | -based comper | nsation arrangement? | | 4c | | No |
| | If "Yes" to any o | of lines 4a-c, list the persons and i | provide the app | plicable amounts for each item in Par | t III | | | |
| | Only 501(c)(3 |), 501(c)(4), and 501(c)(29) c | organizations | must complete lines 5-9. | | | | |
| 5 | For persons liste | | A, line 1a, did | the organization pay or accrue any | | | | |
| а | The organization | n? | | | | 5a | | |
| b | Any related orga | anization? | | | | 5b | | |
| | If "Yes," on line | 5a or 5b, describe in Part III | | | | | | |
| 6 | | ed on Form 990, Part VII, Section ontingent on the net earnings of | A, line 1a, did | the organization pay or accrue any | | | | |
| а | The organization | n? | | | | 6a | | |
| b | Any related orga | | | | | 6b | | |
| _ | • | 6a or 6b, describe in Part III | | | | | | |
| 7 | | ed on Form 990, Part VII, Section escribed in lines 5 and 6? If "Yes,' | | the organization provide any nonfixe rt III | d | 7 | | |
| 8 | | | | red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," do | escribe | 8 | | |
| 9 | If "Yes" on line 53 4958-6(c)? | 8, did the organization also follow | the rebuttable | presumption procedure described in | Regulations section | 9 | | |
| For F | Paperwork Redu | iction Act Notice, see the Instr | uctions for Fo | orm 990. Cat No 5 | 50053T Schedule J | (Form | 990) | 2018 |

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual (A) Name and Title (D) Nontaxable (B) Breakdown of W-2 and/or 1099-MISC (C) Retirement (E) Total of (F) columns and other benefits compensation Compensation in deferred (B)(i)-(D) column (B) (i) Base (ii) (iii) Other reported as compensation compensation Bonus & incentive reportable deferred on prior compensation compensation Form 990 See Additional Data Table

| Schedule J (Form 990) 2018 | Page 3 |
|--|---|
| Part III Supplemental Inform | nation |
| Provide the information, explanation, or | descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information |
| | |
| Return Reference | Explanation |

OFFICERS AND DIRECTORS, BUT IS AUTHORIZED BY WRITTEN POLICY FOR CERTAIN OFFICERS AND DIRECTORS FOR SPECIFIC ACTIVITIES

| Return Reference | Explanation |
|------------------|---|
| PART I, LINE 4A | BERNARD DUFFY RECEIVED AN ACCRUED SEVERANCE AND ACCRUED VACATION PAYMENT FOR HIS YEARS OF LOYAL SERVICE TO THE ORGANIZATION |

| Additional Data |) | | | | | | | |
|--|------|------------------------|---|---|--------------------------------|----------------|----------------------|---|
| | | | Software ID: Software Version: | | | | | |
| | | | | 44-0474290 | | | | |
| | | | | VETERANS OF FOREI | CN WARE OF THE | | | |
| | | | Name: | UNITED STATES | GN WARS OF THE | | | |
| Form 990, Schedule | J, | Part II - Officers, Di | rectors, Trustees, K | ey Employees, and I | lighest Compensate | d Employees | | |
| (A) Name and Title | | <u>``</u> | of W-2 and/or 1099-MIS | <u> </u> | (C) Retirement and | (D) Nontaxable | (E) Total of columns | (F) Compensation in |
| | | (i) Base Compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | other deferred compensation | benefits | (B)(ı)-(D) | column (B) reported as deferred on prior Form 990 |
| KEITH E HARMAN PAST CIC - TERM END 7/19 | (1) | 137,447 | o | 9,970 | 6,882 | 0 | 154,299 | 0 |
| | (11) | o | o | 0 | 0 | 0 | C | 0 |
| VINCENT LAWRENCE COMMANDER-IN-CHIEF - | (1) | 152,816 | o | 16,390 | 9,865 | 16,698 | 195,769 | 0 |
| TERM END 7/19 | (11) | 0 | 0 | 0 | 0 | 0 | C | 0 |
| COMMANDER-IN-CHIEF - | (1) | 144,733 | 0 | 3,291 | 7,260 | 1,068 | 156,352 | 0 |
| TERM START 8/19 | (11) | 0 | 0 | 0 | 0 | 0 | C | 0 |
| BERNARD J DUFFY ADJUTANT GENERAL - TERM END 7/18 | (1) | 111,695 | o | 35,457 | 14,797 | 150 | 162,099 | 6,580 |
| | (11) | 0 | 0 | 0 | 0 | 0 | С | 0 |
| KEVIN C JONES ADJUTANT GENERAL - TERM STARTED 8/18 | (1) | 162,464 | 0 | 1,131 | 43,571 | 0 | 207,166 | 0 |
| | (11) | 0 | 0 | 0 | 0 | 0 | C | 0 |
| QUARTERMASTER GENERAL | (1) | 192,692 | 0 | 11,208 | 41,293 | 1,068 | 246,261 | 0 |
| | (11) | 0 | 0 | 0 | 0 | 0 | | 0 |

8,327

1,452

200

200

320

17,882

30,284

25,522

19,526

24,187

16,698

16,698

16,698

16,698

136

229,329

184,371

178,208

158,195

163,010

0

0

ROBERT WALLACE

ASSISTANT ADJUTANT GENERAL, EXEC DIR

JOHN R MUCKELBAUER

GENERAL COUNSEL

JAMES J LIERZ

JASON HAILEY

KELLY JONES

CONTROLLER AND MANAGER OF PURCHASING

CHIEF INFORMATION OFFICER

MANAGER, DEVELOPMENT

(1)

|(11)|

(1)

(1)

(ı)

 $|(\Pi)|$

186,422

135,937

152,350

121,771

121,805

| efile GRAPH | IC print - DO NOT PROCESS | As Filed Data - | | DLN: | 93493015008100 |
|---|---|--|-------------|-----------------|------------------------------|
| SCHEDULE O Supplem | | | | 22 57 | OMB No 1545-0047 |
| (Form 990 or EZ) | 990- Complete to pro | Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information. | | | 2018 |
| Department of the T | reasury | | | | Open to Public Inspection |
| UNITED STATES | ৰিশাইৰাতা EIGN WARS OF THE e O, Supplemental Informatio | on | | Employer identi | fication number |
| Return | | | Explanation | | |
| Reference | | | | | |
| FORM 990, PART VI, SECTION A, LINE 6 | SEE ANSWER TO FORM 990, PAR | RT VI, SECTION A, QI | JESTION 1A | | |

990 Schedule O, Supplemental Information Return Explanation

FORM 990, PART VI, SECTION A, LINE 7A HOUSE TO APPROVAL BY THE NATIONAL CONVENTION MAY MAKE DECISIONS THAT ARE BINDING ON THE NATIONAL COUNCIL OF ADMINISTRATION AND THE ORGANIZATION

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|------------------------|--|
| PART VI, SECTION B, | THIS 990 WAS PREPARED BY AN INDEPENDENT CERTIFIED PUBLIC ACCOUNTANT WHO WORKED WITH PROFES SIONAL EMPLOYEES IN THE ACCOUNTING DEPARTMENT OF THE VFW NATIONAL HEADQUARTERS IT WAS REV IEWED BY THE PRINCIPAL OFFICERS OF THE ORGANIZATION PRIOR TO EXECUTION IN ADDITION, A COP Y WAS PROVIDED TO EACH MEMBER OF THE GOVERNING BODY, THE NATIONAL COUNCIL OF ADMINISTRATION, PRIOR TO THE TIME OF FILING FOR THEIR REVIEW |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| FORM 990, PART VI, SECTION B, LINE 12C | IN ORDER TO SUSTAIN THE VETERANS OF FOREIGN WARS OF THE UNITED STATES' REPUTATION AND CONT INUED SUCCESS, NATIONAL OFFICERS, COUNCIL MEMBERS, EMPLOYEES AND MEMBERS IN LEADERSHIP POS ITIONS ARE EXPECTED TO CONDUCT THEMSELVES IN A PROFESSIONAL MANNER AND ADHERE TO THE HIGHE ST STANDARDS OF HONESTY AND INTEGRITY ALL OF THE ABOVE NAMED INDIVIDUALS ARE REQUIRED TO EXECUTE AN APPROPRIATE ACKNOWLEDGEMENT OF ADHERENCE TO A CODE OF ETHICS POLICY UPON ASSUMING THEIR POSITIONS AND THAT NATIONAL OFFICERS, COUNCIL MEMBERS, AND KEY EMPLOYEES ARE REQUIRED TO MAKE ANNUAL DISCLAIMER OR DISCLOSURE OF CONFLICTS OF INTEREST IN ACCORDANCE WITH THE INTERNAL REVENUE SERVICE GUIDELINES |

Reference

| FORM 990, | THE ORGANIZATION'S CEO, THE COMMANDER-IN-CHIEF, AND THE TWO VICE COMMANDERS-IN-CHIEF ARE E |
|------------|--|
| PART VI, | LECTED BY THE NATIONAL CONVENTION AND TYPICALLY SERVE A SINGLE, ONE-YEAR TERM IN EACH POSI |
| SECTION B, | TION THEIR COMPENSATION IS SPECIFICALLY ESTABLISHED BY THE NATIONAL COUNCIL OF ADMINISTRA |
| LINE 15B | TION (BOARD OF DIRECTORS) AND IS SPECIFICALLY APPROVED BY THE NATIONAL COUNCIL OF ADMINIST |
| | RATION AS PART OF ITS DELIBERATION AND APPROVAL OF THE ANNUAL BUDGET THE ORGANIZATION UTI |
| | LIZES THE SERVICES OF A COMPENSATION CONSULTING FIRM TO ANALYZE COMPARABILITY DATA AND ASS |
| | IST WITH ESTABLISHMENT OF A SALARY ADMINISTRATION POLICY THAT ASSIGNS ALL EMPLOYEES POSITI |

Explanation

ILIZES THE SERVICES OF A COMPENSATION CONSULTING FIRM TO ANALYZE COMPARABILITY DATA AND ASS IST WITH ESTABLISHMENT OF A SALARY ADMINISTRATION POLICY THAT ASSIGNS ALL EMPLOYEES POSITI ONS INTO GRADES BASED ON JOB DESCRIPTIONS, DUTIES AND RESPONSIBILITIES, AND ESTABLISHES A SALARY RANGE FOR EACH GRADE INCREASES IN COMPENSATION ARE BASED ON ANNUAL EVALUATIONS THE NATIONAL COUNCIL OF ADMINISTRATION, AS PART OF ITS DELIBERATION ON THE ANNUAL BUDGET, AP PROVES ALL SALARIES, INCLUDING THE OFFICERS AND KEY EMPLOYEES

Return Explanation
Reference

LINE 18

FORM 990, THE VETERANS OF FOREIGN WARS OF THE UNITED STATES COMPLIES WITH IRC SECTION 6104 AND MAKES PART VI, ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST SECTION C,

Return Explanation
Reference

FORM 990, PART VI, SECTION C, LINE 19

Return Explanation
Reference

LINE 9

FORM 990, PENSION RELATED CHANGES OTHER THAN NET PERIODIC PENSION COST -6,244,033
PART XI.

Return Explanation
Reference

| FORM 990, | VETERANS OF FOREIGN WARS OF THE UNITED STATES WAS FORMED AS AN UNINCORPORATED ASSOCIATION |
|-----------|---|
| PAGE 1, | IN 1899 IT WAS CHARTERED AS A CORPORATION IN 1936 BY AN ACT OF CONGRESS PUBLIC LAW NO 6 |
| QUESTION | 30 - 74TH CONGRESS (H R 11454) 36 U S C 230101 ET SEQ |
| l i | |

Explanation Return Reference

FORM 990. THE ORGANIZATION IS CONGRESSIONALLY CHARTERED HEADQUARTERS ARE LOCATED IN KANSAS CITY. PAGE 1. MISSOURI

QUESTION

| Return Reference | Explanation |
|---------------------------------------|--|
| FORM 990, PART I, QUESTION 6 | MORE THAN THREE THOUSAND VOLUNTEERS ARE ESTIMATED TO PARTICIPATE DIRECTLY IN THE NATIONAL ORGANIZATION ACTIVITIES THESE VOLUNTEERS SERVE ON VARIOUS COMMITTEES THAT WORK ON VETERAN S SERVICE ACTIVITIES, NATIONAL MILITARY SERVICE ACTIVITIES, LEGISLATIVE SERVICE ACTIVITIES AND COMMUNITY SERVICE ACTIVITIES MORE IMPORTANTLY, HUNDREDS OF THOUSANDS OF MEMBERS, AND THEIR FAMILIES, ARE ESTIMATED TO PARTICIPATE WITH THEIR RESPECTIVE STATE ORGANIZATIONS AN D POSTS IN PROGRAMS SPONSORED OR CONDUCTED BY THE VETERANS OF FOREIGN WARS OF THE UNITED S TATES FOR INSTANCE, ALMOST 9 5 MILLION HOURS OF VOLUNTEER SERVICE WERE REPORTED BY VFW PO STS TO THE VFW NATIONAL HEADQUARTERS LAST YEAR IN SUPPORT OF THE ORGANIZATION'S COMMUNITY AND VETERANS SERVICE PROGRAMS |

| Return Reference | Explanation |
|---|---|
| FORM 990, PART VI, SECTION B, LINES 10A AND 10B | PURSUANT TO ITS CONGRESSIONAL CHARTER. THE VETERANS OF FOREIGN WARS OF THE UNITED STATES I SSUES CHARTERS TO STATE ORGANIZATIONS CALLED "DEPARTMENTS" THOSE DEPARTMENTS ARE EITHER U NINCORPORATED OR ARE INCORPORATED UNDER THE LAWS OF THE STATE IN WHICH THEY ARE LOCATED E ACH DEPARTMENT GOVERNS ITSELF AND ELECTS ITS OWN OFFICERS DEPARTMENTS CONDUCT THEIR OWN P ROGRAMS, DIRECT AND MANAGE THEIR BUSINESS AND FINANCIAL AFFAIRS AND OWN AND MAINTAIN THEIR OWN PROPERTY PURSUANT TO ITS CONGRESSIONAL CHARTER, THE VETERANS OF FOREIGN WARS OF THE UNITED STATES ALSO ISSUES CHARTERS TO LOCAL ORGANIZATIONS CALLED "POSTS" THOSE POSTS ARE EITHER UNINCORPORATED ASSOCIATIONS OR ARE INCORPORATED UNDER THE LAWS OF THE STATE IN WHICH THEY ARE LOCATED EACH POST GOVERNS ITSELF AND ELECTS ITS OWN OFFICERS POSTS CONDUCT THE EIGHT UNITED STATES AND DIRECT AND MANAGE THEIR OWN BUSINESS AND FINANCIAL AFFAIRS, AND OWN AND MAINTAIN THEIR OWN PROPERTY THE RELATIONSHIP BETWEEN VETERANS OF FOREIGN WARS OF THE UNITED STATES AND A STATE DEPARTMENT OR A POST ARE ESTABLISHED BY THE CHARTER AND SET FORTH IN THE BY-LAWS AND MANUAL OF PROCEDURE OF THE VETERANS OF FOREIGN WARS OF THE UNITED STATES SECTION 709 OF THE MANUAL OF PROCEDURES PROVIDES, IN PART VETERANS OF FOREIGN WARS OF THE UNITED STATES IS A FEDERALLY CHARTERED MEMBERSHIP CORPORATION CREATED BY ACT OF CONGRESS IN ACCORDANCE WITH THAT LEGISLATION, VETERANS OF FOREIGN WARS OF THE UNITED STATES IS A SEDERALLY CHARTERED MEMBERSHIP CORPORATION CREATED BY ACT OF CONGRESS IN ACCORDANCE WITH THAT LEGISLATION, VETERANS OF FOREIGN WARS OF THE UNITED STATES HAS IS SUED CHARTERS TO THE AUXILIARY, DEPARTMENTS AND OTHER UNITED STATES HAS IS SUED CHARTERS TO THE AUXILIARY, DEPARTMENTS AND OTHER UNITED STATES HAS IS SUED CHARTERS FOREIGN WARS OF THE UNITED STATES HOSE OF THE FOREIGN WARS OF THE UNITED STATES HOSE OF THE FOREIGN WARS OF THE UNITED STATES HOSE OF THE FOREIGN WARS OF THE JUNITED STATES HOSE OF THE JUNITED STATES BY ANY SUCH CHARTERED DATE OF THE VETERANS OF FOREIGN WARS OF THE JUNITED STATES |

| Return Reference | Explanation |
|--|---|
| FORM 990, PART VI, SECTION A, LINE 1A | PLENARY POWER CAN BE EXERCISED BY THE ANNUAL NATIONAL CONVENTION OF THE VETERANS OF FOREIG N WARS OF THE UNITED STATES, PRIMARILY UNDER THE POWER OF THE CONVENTION TO AMEND THE BY-L AWS OF THE ORGANIZATION THE NATIONAL CONVENTION CONSISTS OF CERTAIN PRESENT AND PAST NATI ONAL OFFICERS, MEMBERS OF THE NATIONAL COUNCIL OF ADMINISTRATION, CERTAIN OFFICERS OF THE SEPARATE STATE ORGANIZATIONS AND THOUSANDS OF DELEGATES ELECTED BY POSTS HOWEVER, ADMINIS TRATION OF THE ORGANIZATION'S AFFAIRS BETWEEN CONVENTIONS IS VESTED IN THE NATIONAL COUNCIL OF ADMINISTRATION, WHICH SERVES AS THE ORGANIZATION'S BOARD OF DIRECTORS AMONG THE DUTIES OF THE COUNCIL IS BUDGETING, THE ESTABLISHMENT OF SALARIES FOR OFFICERS AND EMPLOYEES A ND APPROVAL OF POLICIES AND PROCEDURES THE COUNCIL CONSISTS OF CERTAIN ELECTED AND APPOIN TED OFFICERS, NUMBERING 11, AND REGIONAL NATIONAL COUNCIL MEMBERS WHO REPRESENT MEMBERS IN EACH STATE AND ARE ELECTED BY DELEGATES AT THEIR RESPECTIVE STATE ORGANIZATION'S CONVENTIONS THE REGIONAL NATIONAL COUNCIL MEMBERS OF A REPRESENTATIVE FROM E ACH OF THE FIFTY STATES AND TWO OVERSEAS DEPARTMENTS THREE MEMBERS OF THE NATIONAL COUNCIL OF ADMINISTRATION ARE APPOINTED, RATHER THAN ELECTED APPOINTED MEMBERS HAVE ALL VOTING RIGHTS OF ELECTED MEMBERS EXCEPT THAT THEY DO NOT VOTE ON THE APPOINTMENT OR REMOVAL OF SA LARIED OFFICERS OF THE ORGANIZATION |

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R** (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2018

DLN: 93493015008100 OMB No 1545-0047

> Open to Public Inspection

Employer identification number

| VETERANS OF F UNITED STATES | OREIGN WARS OF THE | | | | | | | 44-0 | 474290 | | | |
|--------------------------------|--|----------------|--------------------------------|-----------|---|------------------|---------------------|---------------------|--|---|------------------------------|---|
| Part I | Identification of Disregarded Entities Complete | e ıf the organ | ızatıon answe | ered "Yes | " on Form | 990, Part | IV, line 3 | 3. | | | | |
| | (a) Name, address, and EIN (if applicable) of disregarded entity | | (b) Primary activit | | (c) Legal domicile (state or foreign country) | | (d) Total income | | (e) End-of-year a | ssets Direct o | (f) controlling entity | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | Identification of Related Tax-Exempt Organiza related tax-exempt organizations during the tax year | | ete if the orga | nızatıon | answered | | | Part I\ | /, line 34 be | ecause it had one or | more | |
| | (a) Name, address, and EIN of related organization | Prim | (b) ary activity | Legal dor | (c) nicile (state n country) | (d Exempt Cod |) le section | Public of (if secti | (e) charity status on 501(c)(3)) | (f) Direct controlling entity | Sectio (13) c en | (g) on 512(b controlled ntity? |
| 406 W 34TH ST | | VETERANS | S SERVICE | | МО | 501(C)(3) | | LINE 7 | | VETERANS OF FOREIGN WARS OF THE UNITED STATES | Yes | _ |
| KANSAS CITY, 43-1758998 | MO 64111 | | | | | | | | | | + | + |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | _ |
| | | | | | | | | | | | + | \perp |
| For Paperwo | ork Reduction Act Notice, see the Instructions for For | m 990. | | Ca | t No 5013 | 5Y | | | | Schedule R (Forn | 1 990) 2 | 2018 |

| (a) Name, address, and EIN of related organization | | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income(related unrelated, excluded from tax under sections 512- 514) | total income | | (h) Disproprtionate allocations? | | (i) Code V-UBI amount in bo 20 of Schedule K-1 (Form 1065) | Gene mana part | j) ral or aging ner? | (k) Percen owner |
|--|--|-----------------------------------|---|--|--|--------------------------------|---------------------------------------|----------------------------------|-------------------------|---|----------------------|-------------------------------|---------------------------------------|
| | | | | | 314) | | | Yes | No | | Yes | No | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | 1 | | 1 | 1 | 1 | | | 1 1 | |
| | | | | | | | | | | | | | |
| Identification of Related Organi because it had one or more related | zations Taxable as a (organizations treated as | Corporation s a corporation | or Trus | t Complete st during th | ıf the organ ie tax year. | ızatıon ansv | wered "Yes | " on Fo | orm 9! | 90, Part IV | , lıne | 34 | |
| Identification of Related Organi because it had one or more related (a) Name, address, and EIN of related organization | zations Taxable as a (organizations treated as | L do (state | on or tru: (c) egal micile or foreign | st during th | (d) controlling Tyentity | (e) | vered "Yes (f) Share of total income | Share | (g) of end- year assets | of- Perce | h) | Se (1 | (I) ection 5 I3) cont entity |
| because it had one or more related (a) Name, address, and EIN of | organizations treated as | L do (state | on or tru: (c) egal micile | st during th | (d) controlling Tyentity | (e) pe of entity corp, S corp, | (f) Share of total | Share | (g) of end- year | of- Perce | h) intage | Se (1 | ection 5 L3) cont |
| because it had one or more related (a) Name, address, and EIN of | organizations treated as | L do (state | on or tru: (c) egal micile or foreign | st during th | (d) controlling Tyentity | (e) pe of entity corp, S corp, | (f) Share of total | Share | (g) of end- year | of- Perce | h) intage | Se (1 | ection 5 13) cont entity |
| because it had one or more related (a) Name, address, and EIN of | organizations treated as | L do (state | on or tru: (c) egal micile or foreign | st during th | (d) controlling Tyentity | (e) pe of entity corp, S corp, | (f) Share of total | Share | (g) of end- year | of- Perce | h) intage | Se (1 | ection 5 13) cont entity |
| because it had one or more related (a) Name, address, and EIN of | organizations treated as | L do (state | on or tru: (c) egal micile or foreign | st during th | (d) controlling Tyentity | (e) pe of entity corp, S corp, | (f) Share of total | Share | (g) of end- year | of- Perce | h) intage | Se (1 | ection 5 13) cont entity |
| because it had one or more related (a) Name, address, and EIN of | organizations treated as | L do (state | on or tru: (c) egal micile or foreign | st during th | (d) controlling Tyentity | (e) pe of entity corp, S corp, | (f) Share of total | Share | (g) of end- year | of- Perce | h) intage | Se (1 | ection 5 13) cont entity |
| because it had one or more related (a) Name, address, and EIN of | organizations treated as | L do (state | on or tru: (c) egal micile or foreign | st during th | (d) controlling Tyentity | (e) pe of entity corp, S corp, | (f) Share of total | Share | (g) of end- year | of- Perce | h) intage | Se (1 | ection 5 13) cont entity |

| Schedule R (Form 990) 2018 | | Pa | age 3 |
|--|------------|--|--------------|
| Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. | | | |
| Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule | | Yes | No |
| 1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity | <u>1</u> a | a Yes | |
| b Gift, grant, or capital contribution to related organization(s) | 11 | , | No |
| c Gift, grant, or capital contribution from related organization(s) | 10 | c Yes | |
| d Loans or loan guarantees to or for related organization(s) | 10 | 1 | No |
| e Loans or loan guarantees by related organization(s) | 16 | 2 | No |
| f Dividends from related organization(s) | 11 | f | No |
| g Sale of assets to related organization(s) | 19 | <u>, </u> | No |
| h Purchase of assets from related organization(s) | 11 | 1 | No |
| i Exchange of assets with related organization(s) | 17 | i | No |
| j Lease of facilities, equipment, or other assets to related organization(s) | <u>1</u> j | 4 | No |
| k Lease of facilities, equipment, or other assets from related organization(s) | 11 | K . | No |
| l Performance of services or membership or fundraising solicitations for related organization(s) | 11 | ī | No |
| m Performance of services or membership or fundraising solicitations by related organization(s) | 1r | m | No |

| d Loans or loan guarantees to or for related organization(s) | 1d | No |
|--|------------|---------------|
| e Loans or loan guarantees by related organization(s) | 1e | No |
| f Dividends from related organization(s) | 1f | No |
| g Sale of assets to related organization(s) | 1 g | No |
| h Purchase of assets from related organization(s) | 1h | No |
| i Exchange of assets with related organization(s) | 1 i | No |
| ${f j}$ Lease of facilities, equipment, or other assets to related organization(s) | 1j | No |
| k Lease of facilities, equipment, or other assets from related organization(s) | 1k | No |
| l Performance of services or membership or fundraising solicitations for related organization(s) | 11 | No |
| m Performance of services or membership or fundraising solicitations by related organization(s) | 1m | No |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n | No |
| o Sharing of paid employees with related organization(s) | 10 | No |
| | | $\overline{}$ |

| g | Sale of assets to related organization(s) | 1 g | | No |
|---|--|------------|-----|----|
| h | Purchase of assets from related organization(s) | 1h | | No |
| i | Exchange of assets with related organization(s) | 1 i | | No |
| j | Lease of facilities, equipment, or other assets to related organization(s) | 1j | | No |
| k | Lease of facilities, equipment, or other assets from related organization(s) | 1k | | No |
| ı | Performance of services or membership or fundraising solicitations for related organization(s) | 11 | | No |
| m | Performance of services or membership or fundraising solicitations by related organization(s) | 1m | | No |
| n | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n | | No |
| o | Sharing of paid employees with related organization(s) | 10 | | No |
| р | Reimbursement paid to related organization(s) for expenses | 1 p | | No |
| q | Reimbursement paid by related organization(s) for expenses | 1 q | Yes | |
| r | Other transfer of cash or property to related organization(s) | 1r | | No |
| s | Other transfer of cash or property from related organization(s) | 1s | | No |

| h Purchase of assets from related organization(s) | | | | 1h | No |
|---|----------------------------------|------------------------|---------------------------------|---------------|----|
| i Exchange of assets with related organization(s) | | | | 1i | No |
| j Lease of facilities, equipment, or other assets to related organization(s) | | | | 1j | No |
| k Lease of facilities, equipment, or other assets from related organization(s) | | | | 1k | No |
| l Performance of services or membership or fundraising solicitations for related organization(s) \ldots . | | | | 11 | No |
| $m{m}$ Performance of services or membership or fundraising solicitations by related organization(s) | | | | 1m | No |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | | | 1n | No |
| o Sharing of paid employees with related organization(s) | | | | 1o | No |
| p Reimbursement paid to related organization(s) for expenses | | | | 1 p | No |
| q Reimbursement paid by related organization(s) for expenses | | | | 1q Yes | |
| r Other transfer of cash or property to related organization(s) | | | | 1r | No |
| f s Other transfer of cash or property from related organization(s) | | | | 1s | No |
| 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line | , including covered r | elationships and tra | nsaction thresholds | | |
| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining am | ount involved | 1 |
| (1)VETERANS OF FOREIGN WARS FOUNDATION | А | 43,212 | FAIR MARKET VALUE | | |
| (2)VETERANS OF FOREIGN WARS FOUNDATION | С | 2,450,225 | FAIR MARKET VALUE | | |
| (3)VETERANS OF FOREIGN WARS FOUNDATION | Q | 1,692,969 | FAIR MARKET VALUE | | |
| | | | | | |

Schedule R (Form 990) 2018

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

| was not a related organization. See instructions regarding exclusion for certain investment partnerships | | | | | | | | | | | | | |
|--|--------------------------------|---|---------------|-----|--------------|------------------------------------|--|-----|----|---|-----------|---------------|--------------------------------|
| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | sections 512- | | ganizations? | (f) Share of total Income | (g) Share of end-of-year assets | | _ | (1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | | or ig ? | (k) Percentage ownership |
| | | | 514) | Yes | No | | | Yes | No | | Yes | No | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | · · · · · · · · · · · · · · · · · · · | | | | | | | | Schedul | e R (Forn | n 99 | 0) 2018 |

